

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006673

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: ST. FRANCIS ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

1477 WELLS ROAD  
ORANGE PARK, FL 32073

## New Principal Place of Business:

3776 BEACH BLVD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1477 WELLS ROAD  
ORANGE PARK, FL 32073

## New Mailing Address:

3776 BEACH BLVD  
JACKSONVILLE, FL 32207

FEI Number: 83-0370262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELTON, SUSAN  
1477 WELLS ROAD  
ORANGE PARK, FL 32073 US

## Name and Address of New Registered Agent:

SHELTON, SUSAN G PD  
3776 BEACH BLVD  
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN SHELTON

01/19/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHELTON, SUSAN G  
Address: 1477 WELLS ROAD  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Delete  
Name: GIONET, PAT  
Address: 4140 PEACH DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete  
Name: CIHLAR, STACEY  
Address: 10000 SOUTHWEST 52ND AVE #G38  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: HARRIS, MICHAEL  
Address: 6532 ARANCIO DR W  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Delete  
Name: CHESSER, STACEY  
Address: 6236 PINELOCK DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete  
Name: SKINNER, SARAH  
Address: 6670 BOWDEN RD  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: SHELTON, SUSAN G  
Address: 3776 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DR (X) Change ( ) Addition  
Name: HARRIS, MICHAEL  
Address: 6532 ARANCIO DR W  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SHELTON

DR

01/19/2005

Electronic Signature of Signing Officer or Director

Date