

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006673

FILED
Feb 06, 2006
Secretary of State

Entity Name: ST. FRANCIS ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

3776 BEACH BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3776 BEACH BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

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 G PD
3776 BEACH BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAL HARRIS

DR.

02/06/2006

Electronic Signature of Signing Officer or Director

Date