

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2008  
Secretary of State**

DOCUMENT# N03000006673

Entity Name: ST. FRANCIS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

3615 DUPONT AVE.  
SUITE 1400  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24634  
JACKSONVILLE, FL 32241

**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  
3615 DUPONT AVE  
SUITE 1400  
JACKSONVILLE, FL 32217 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: 3615 DUPONT AVE SUITE 1400  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DR ( ) Delete  
Name: HARRIS, MICHAL  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBBIE DRESNER

MS.

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date