2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000021

FILED Apr 01, 2006 Secretary of State

Entity Name: RIVER CITY COMMUNITY ANIMAL HOSPITAL, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	'DEN ROAD VILLE, FL 32216	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	'DEN ROAD VILLE, FL 32216	US			
FEI Number:	51-0496203 FE	I Number Applied For ()	il Number Not Appl	icable () Certificate of Status Desired (X)	
Name and	Address of Curre	ent Registered Agent:	Name and	Address of New Registered Agent:	
6670 BOW	SARAH T D.V.M. /DEN ROAD VILLE, FL 32216	US			
	named entity subm e of Florida.	nits this statement for the purpo	se of changing i	ts registered office or registered agent, or both,	
SIGNATUF					
	Electronic Si	gnature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele CHESSER, STACEY 6236 PINELOCK DR JACKSONVILLE, FL	R IVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	S () Dele SKINNER, SARAH T 6670 BOWDEN ROA JACKSONVILLE, FL	D.V.M. D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	T () Dele CHESSER, STACEY 6236 PINELOCK DR JACKSONVILLE, FL	R IVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	S () Dele GIONET, PAT 4140 PEACH DRIVE JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	()Dele	te	Title: Name: Address: City-St-Zip:	S () Change (X) Addition BLACKWELDER, VENITA 323 SUZANNE DR JACKSONVILLE, FL 32218	

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: SARAH T. SKINNER DR. 04/01/2006