

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000021

FILED
Jan 26, 2011
Secretary of State

Entity Name: RIVER CITY COMMUNITY ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

844 WHITLOCK RD
JACKSONVILLE, FL 32255 US

New Principal Place of Business:

844 WHITLOCK RD
JACKSONVILLE, FL 32211 US

Current Mailing Address:

P.O BOX 551344
JACKSONVILLE, FL 32244 US

New Mailing Address:

P.O BOX 551344
JACKSONVILLE, FL 32255 US

FEI Number: 51-0496203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKINNER, SARAH T D.V.M.
6670 BOWDEN ROAD
JACKSONVILLE, FL 32216 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: TREA
Name: DAVIS, STACEY R CHESSER
Address: 6236 PINELOCK DRIVE
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: PRES
Name: SKINNER, SARAH T D.V.M.
Address: 6670 BOWDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP
Name: GIONET, PAT
Address: 7433 SYCAMORE ST
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S
Name: NADEAU, LUCY
Address: 3586 MORGANS WAY
City-St-Zip: YULEE, FL 32097 US

I hereby 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 all other like empowered.

SIGNATURE: SARAH T. SKINNER

PRES

01/26/2011

Electronic Signature of Signing Officer or Director

Date