FEB-01-2008 FRI 11:26 AM FAX I

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Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90027 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001422

1. Entity Name
GREEN COVE ANIMAL HOSPITAL, INC.

40016203

Principal Place of Business	Mailing Address
3363 HWY 17 NORTH GREEN COVE SPRINGS, FL 32043	3363 HWY 17 NORTH GREEN COVE SPRINGS, FL 32043
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012008 Chg-P CR2E034 (12/06)

4. FEI Number: 80-0022857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKEE, DOUGLAS L 3363 HIGHWAY 17 N GREEN COVE SPRINGS, FL 32043	Name: The Nichols Group, P.A. Street Address (P.O. Box Number is Not Acceptable): 1329 Kingsley Ave. #D City: Orange Park FL Zip Code: 32073

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: The Nichols Group, P.A. DATE: 2/1/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEE, DOUGLAS L 3363 HWY 17 N GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ~~MCKEE,~~ MICHELLE STALLIONS 3363 HWY 17 N GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Stallions DVM 2/1/08 904-284-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Michelle Stallions, D.V.M. Date Daytime Phone #