

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083921

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: ANIMAL CARE AT TWIN LAKES CENTER, P.A.

## Current Principal Place of Business:

7530 MERRILL ROAD  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

7530 MERRILL ROAD  
JACKSONVILLE, FL 32277

## New Mailing Address:

8117 POINT MEADOWS DR STE 101  
JACKSONVILLE, FL 32256

FEI Number: 51-0476951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODS, JEFF C  
7530 MERRILL ROAD  
JACKSONVILLE, FL 32277 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOODS, JEFF C  
Address: 7530 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: PRINCE, PETER X  
Address: 11359 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: FLOOD, BRYAN  
Address: 8117 POINT MEADOWS DR  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: FLOOD, BRYAN  
Address: 8117 POINT MEADOWS DR  
City-St-Zip: JACKSONVILLE, FL 32256

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN FLOOD

D

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date