

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000083921

**FILED**  
**Jun 04, 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:**8117 POINT MEADOWS DRIVE  
SUITES 101 & 103  
JACKSONVILLE, FL 32256**Current Mailing Address:**8117 POINT MEADOWS DR STE 101  
JACKSONVILLE, FL 32256**New Mailing Address:**8117 POINT MEADOWS DRIVE  
SUITE 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:**FLOOD, BRIAN K  
8117 POINT MEADOWS DRIVE  
SUITE 101  
JACKSONVILLE, FL 32256 US

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: BRIAN K. FLOOD

06/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLOOD, BRIAN K  
Address: 8117 POINT MEADOWS DRIVE, STE 101  
City-St-Zip: JACKSONVILLE, FL 32256

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

SIGNATURE: BRIAN K. FLOOD

D

06/04/2008

Electronic Signature of Signing Officer or Director

Date