

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 029 \*\*\*150.00

<b>DOCUMENT # P05000120890</b> 1. Entity Name NAVY BOULEVARD ANIMAL CLINIC, P.A.																																																																																															
Principal Place of Business 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579			Mailing Address 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																												
City & State			City & State																																																																																												
Zip		Country		Zip																																																																																											
Country		Country		4. FEI Number 20-3427851																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																											
6. Name and Address of Current Registered Agent  PERRI, DANIEL C 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																											
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.				FL Zip Code																																																																																											
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DANIELS, DAVID DVM</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>2829 CENTRAL AVENUE BIRMINGHAM, AL 35209</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREEN, GREG DVM</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>2829 CENTRAL AVENUE BIRMINGHAM, AL 35209</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FALONE, JEFF DVM</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1041 MATHEUS DRIVE MURFREESBORO, TN 37128</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DANIELS, DAVID DVM		CITY - ST - ZIP	2829 CENTRAL AVENUE BIRMINGHAM, AL 35209		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	GREEN, GREG DVM		CITY - ST - ZIP	2829 CENTRAL AVENUE BIRMINGHAM, AL 35209		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	FALONE, JEFF DVM		CITY - ST - ZIP	1041 MATHEUS DRIVE MURFREESBORO, TN 37128		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS	DANIELS, DAVID DVM																																																																																														
CITY - ST - ZIP	2829 CENTRAL AVENUE BIRMINGHAM, AL 35209																																																																																														
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS	GREEN, GREG DVM																																																																																														
CITY - ST - ZIP	2829 CENTRAL AVENUE BIRMINGHAM, AL 35209																																																																																														
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS	FALONE, JEFF DVM																																																																																														
CITY - ST - ZIP	1041 MATHEUS DRIVE MURFREESBORO, TN 37128																																																																																														
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
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 the address, with all other like empowered.																																																																																															
SIGNATURE: <u><i>D. Daniels</i></u> <span style="float: right;">1/22/06 205-879-3409</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																															

ATTACHMENT  
66016638  
Law Office of  
**Daniel C. Perri**  
4 Eleventh Avenue, Suite 1  
Shalimar, Florida 32579

**Daniel C. Perri, LLM in Taxation**  
**Erin Blumer, J.D.**

**Telephone (850) 651-3011**  
**Facsimile (850) 651-3306**

May 11, 2006

Florida Department of State  
Division of Corporations  
Attn: Annual Reports Specialist  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: *Navy Boulevard Animal Clinic, P.A.*  
Reference Number: *P05000120890*

Gentlemen:

Pursuant to your letter dated May 4, 2006 to our office, a copy of which is enclosed for your quick reference, please find enclosed herewith the 2006 For Profit Corporation Annual Report for *Navy Boulevard Animal Clinic, P.A.* The FEI Number has been provided in block 4 as requested.

Do not hesitate to contact me should you have any questions regarding the above or if you require anything further.

Very truly yours,



Colleen E. Brake  
Paralegal to  
Daniel C. Perri

colleen@perrilawoffice.com

/ceb  
Enc.