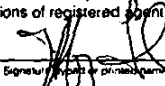
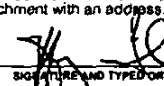


FILED
Apr 06, 2007 8:00 am
Secretary of State

03-23-2007 90005 013 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000120890			
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 - No P.O. Box # 3835 W Navy Blvd Suite, Apt. #, etc.		3. Mailing Address 3835 W Navy Blvd Suite, Apt. #, etc.	
City & State Pensacola FL Zip 32507 Country Escambia		City & State Pensacola FL Zip 32507 Country Escambia	
4. FEI Number 20-3427851		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 Greg A. Green Street Address (P.O. Box Number is Not Acceptable) 4671 Palmetto Court City Greenville FL Zip Code 32539	
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 		DATE 4/2/07	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 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-STATE-ZIP	D DANIELS, DAVID DVM 2829 CENTRAL AVENUE BIRMINGHAM, AL 35209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GREEN, GREG DVM 2829 CENTRAL AVENUE BIRMINGHAM, AL 35209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 4671 Palmetto Court Greenville FL 32539
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FALONE, JEFF DVM 1041 MATHEUS DRIVE MURFREESBORO, TN 37128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 3575 Haley Way Pace FL 32571
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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: 		DATE 3/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-485-1349	