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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	Mailing Address
4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579	4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579

02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3835 W Navy Blvd Suite, Apt. #, etc.	3835 W Navy Blvd Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32507 Country: Escambia	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: Crestview 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: _____ 4/2/07
Signature required or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE

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-ST-ZIP	D DANIELS, DAVID DVM 2829 CENTRAL AVENUE BIRMINGHAM, AL 35209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, GREG DVM 2829 CENTRAL AVENUE BIRMINGHAM, AL 35209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 4671 Palmetto Court Crestview FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALONE, JEFF DVM 1041 MATHEUS DRIVE MURFREESBORO, TN 37128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 3515 Haley Way Pace FL 32571	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: _____ 3/16/07 850-485-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #