

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136059

FILED
Apr 16, 2009
Secretary of State

Entity Name: FIRST COAST ANIMAL ER, INC.

Current Principal Place of Business:

3444 SOUTHSIDE BOULEVARD
101
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3444 SOUTHSIDE BOULEVARD
101
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-8075912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, REBECCA J
3444 SOUTHSIDE BOULEVARD
101
JACKSONVILLE, FL 32216 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: P () Delete
Name: OWENS, REBECCA J
Address: 3444 SOUTHSIDE BOULEVARD, #101
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: OWENS, JOHN E
Address: 45 MADEORE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OWENS, JOHN E
Address: 400 HIGH TIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: REBECCA J OWENS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date