

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000001736

FILED
Jan 07, 2010
Secretary of State

Entity Name: ANIMAL MEDICAL CLINIC AT ST. JOHNS, INC.

Current Principal Place of Business:

2245 CR 210 W STE 102
JACKSONVILLE, FL 322594019

New Principal Place of Business:

Current Mailing Address:

2245 CR 210 W STE 102
JACKSONVILLE, FL 322594019

New Mailing Address:

FEI Number: 80-0322597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKOLOV, NIKOLAY
194 1/2 ROSCOE BLVD N
PONTE VEDRA BEACH, FL 32082 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: D
Name: STEWART, DAWN M
Address: 4713 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: NIKOLOV, NIKOLAY H
Address: 194 1/2 ROSCOE BLVD N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: NEWMAN, GARY L
Address: 3705 NAVAJO PLACE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: DAWN M STEWART

DR

01/07/2010

Electronic Signature of Signing Officer or Director

Date