

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000001736

FILED  
Jan 14, 2011  
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 (X)**

**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:**

STEWART, DAWN M  
4713 KERNAN MILL LANE EAST  
JACKSONVILLE, FL 32224 US

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: DAWN M STEWART, DVM

01/14/2011

Electronic Signature of Registered Agent

Date

**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 STEWART, DVM

DVM

01/14/2011

Electronic Signature of Signing Officer or Director

Date