
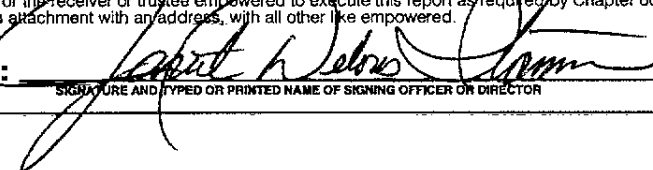


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000047582 1. Entity Name MONUMENT POINTE ANIMAL HOSPITAL, INC.		
Principal Place of Business 1542 MONUMENT ROAD JACKSONVILLE, FL 32225	Mailing Address 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STAMM, ALAN 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAMM, ALAN 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STAMM, JANET DELORIS 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKNIGHT, EDWARD D III 3360 GREEN ACRES RD SAINT AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/19/05 904-642-1655 <small>Date Daytime Phone #</small>



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3188454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/17/05-80022-007 150.00

**DO NOT WRITE
IN THIS SPACE**