

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047582

FILED
Feb 28, 2008
Secretary of State

Entity Name: MONUMENT POINTE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1542 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2516 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3188454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMM, ALAN
2516 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246 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: STAMM, ALAN
Address: 2516 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: T () Delete
Name: STAMM, JANET DELORIS
Address: 2516 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: MCKNIGHT, EDWARD D III
Address: 3360 GREEN ACRES RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: MCKNIGHT, JEAN
Address: 3360 GREEN ACRES RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JANET DELORIS STAMM

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02/28/2008

Electronic Signature of Signing Officer or Director

Date