

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017046

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** ANIMAL HOSPITAL OF PANAMA CITY BEACH, INC.

**Current Principal Place of Business:**

9222 BACK BEACH RD  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

9222 BACK BEACH RD  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 59-3230166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HESS, BRIAN D  
9108 FRONT BEACH RD  
PANAMA CITY, FL 32408 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 ( ) Delete  
Name: CARLOS, THOMAS E  
Address: 9222 BACK BEACH RD  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete  
Name: CARLOS, CAROLYN  
Address: 210 TALMAGE ROAD  
City-St-Zip: MENDHAM, NJ

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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:** THOMAS E. CARLOS

DR.

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date