

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081028

1. Entity Name

ANIMAL CLINIC OF NASSAU COUNTY, P.A.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90036 009 ***150.00

Principal Place of Business P O BOX 833 CALLAHAN FL 32011	Mailing Address P O BOX 833 CALLAHAN FL 32011-0833
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2. Principal Place of Business 1488 SOUTH KINGS RD	3. Mailing Address P.O. Box 833
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Callahan, Fl.	City & State Callahan, Fl.
Zip 32011	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3283119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THREATTE, ROSE M. 104 S. KINGS ROAD CALLAHAN FL 32011	7. Name and Address of New Registered Agent Name Rose M. Threatte, VMD Street Address (P.O. Box Number is Not Acceptable) 1488 SOUTH KINGS ROAD Callahan, City FL Zip Code 32011
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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.

SIGNATURE Rose M. Threatte, VMD President Rose M. Threatte 1/31/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THREATTE, ROSE M. PO BOX 833 CALLAHAN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose M. Threatte, VMD President Rose M. Threatte 1/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (904) 829-5229