


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90025 017 \*\*\*150.00

<b>DOCUMENT # P94000081028</b>		
1. Entity Name <b>ANIMAL CLINIC OF NASSAU COUNTY, P.A.</b>		

Principal Place of Business <b>542800 US HWY 1 CALLAHAN FL 32011</b>	Mailing Address <b>P O BOX 833 CALLAHAN FL 32011</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3283119</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>THREATTE, ROSE M UMD</b> <b>542800 US HWY 1</b> <b>CALLAHAN FL 32011</b>		

*This should be  
VMD (NOT UMD)  
This is just  
a typo -*

8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE:)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>
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## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THREATTE, ROSE M. PO BOX 833 CALLAHAN FL	<input type="checkbox"/> Delete

CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

FL	Zip Code
I am familiar with, and accept	
DATE _____	
Financing	<b>\$5.00 May Be</b>
<input type="checkbox"/>	Added to Fees
AND DIRECTORS IN 11	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** *Rose Marie Threutte* **Rose Marie Threutte** *2/9/05 (904) 879-5229*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #