

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P94000081028**

1. Entity Name  
ANIMAL CLINIC OF NASSAU COUNTY, P.A.



FILED  
05 APR 18 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 542800 US HWY 1, CALLAHAN, FL 32011  
Mailing Address: P O BOX 833, CALLAHAN, FL 32011



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

03092005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 59-3283119  
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
THREATTE, ROSE M VMD  
542800 US HWY 1  
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: Rose M. Threatte, VMD President Rose M. Threatte 4  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DP <input type="checkbox"/> Delete	NAME: THREATTE, ROSE M.
STREET ADDRESS: PO BOX 833	CITY-ST-ZIP: CALLAHAN, FL
TITLE: VP <input type="checkbox"/> Delete	NAME: ELIZABETH UPCHURCH
STREET ADDRESS: 283095 LAKE HAMPTON RD	CITY-ST-ZIP: Hilliard, FL
TITLE: SECRETARY <input type="checkbox"/> Delete	NAME: PAT GIONET
STREET ADDRESS: 4140 PEACH DR	CITY-ST-ZIP: JACKSONVILLE, FL 32246
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 800054015858	CITY-ST-ZIP: 05/06/05--01069--002 **61.25
TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ELIZABETH J. UPCHURCH
STREET ADDRESS: 283095 LAKE HAMPTON RD	CITY-ST-ZIP: Hilliard, FL 32046
TITLE: Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: PAT GIONET
STREET ADDRESS: 4140 PEACH DR	CITY-ST-ZIP: JACKSONVILLE, FL 32246
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: Rose M. Threatte, Own Risk Rose N. THREATTE  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

(904) 874-5229