

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3283119

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THREATTE, ROSE M VMD  
542800 US HWY 1  
CALLAHAN, FL 32011

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. Threutte, VMD President*

*Rose M. Threutte* 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		
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. Threutte, VMD President* *Rose M. Threutte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 874-5229