

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081028

FILED  
Feb 17, 2006  
Secretary of State

**Entity Name:** ANIMAL CLINIC OF NASSAU COUNTY, P.A.

**Current Principal Place of Business:**

542800 US HWY 1  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 833  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 59-3283119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THREATTE, ROSE M VMD  
542800 US HWY 1  
CALLAHAN, FL 32011 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: DP ( ) Delete  
Name: THREATTE, ROSE M.  
Address: PO BOX 833  
City-St-Zip: CALLAHAN, FL

Title: V ( ) Delete  
Name: UPCHURCH, ELIZABETH J  
Address: 283095 LAKE HAMPTON RD  
City-St-Zip: HILLIARD, FL 32046

Title: S ( ) Delete  
Name: GIONET, PAT  
Address: 4140 PEACH DR  
City-St-Zip: JACHSONVILLE, FL 32246

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ROSE M. THREATTE

DP

02/17/2006

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

\_\_\_\_\_  
Date