


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 027 ***150.00

DOCUMENT # P94000081028 1. Entity Name ANIMAL CLINIC OF NASSAU COUNTY, P.A.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Post Office Drawer 5012 Suite, Apt. #, etc.			
City & State Zip Country		City & State Callahan, FL Zip Country 32011 Nassau		4. FEI Number 59-3283119	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. 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	V UPCHURCH, ELIZABETH J 283095 LAKE HAMPTON RD HILLIARD, FL 32046	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIONET, PAT 4140 PEACH DR JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. DRAWER 5012 Callahan, FL, 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rose M. Threatte</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					