

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081028

FILED
Feb 19, 2008
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 DRAWER 5012
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 DRAWER 5012
City-St-Zip: CALLAHAN, FL 32011

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ELIZABETH J. UPCHURCH

V

02/19/2008

Electronic Signature of Signing Officer or Director

Date