2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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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:

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

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: ROSE M. THREATTE 02/09/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: THREATTE, ROSE M
Address: PO BOX DRAWER 5012
City-St-Zip: CALLAHAN, FL 32011

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

I hereby 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 all other like empowered.

SIGNATURE: ROSE M. THREATTE, VMD DP 02/09/2011
Electronic Signature of Signing Officer or Director Date