

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040399

FILED
Jan 26, 2006
Secretary of State

Entity Name: SOUTH TRAIL ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

15472 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15472 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0581072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, ALTON A DVM
15472 SOUTH TAMiami TRAIL
FORT MYERS, FL 33908 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: DR () Delete
Name: FORD, ALTON A
Address: 15472 SOUTH TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33908

Title: DR () Delete
Name: GILLASPIE, THOMAS F
Address: 15472 SOUTH TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33908

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 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: ALTON A. FORD

DR

01/26/2006

Electronic Signature of Signing Officer or Director

Date