05-09-2002 90006 008 ***150.00

P96000067407 **DOCUMENT #**

1. Entity Name

DUNN AVENUE ANIMAL HOSPITAL, INC.

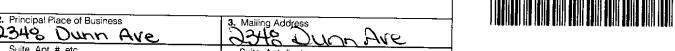
Principal Place of Business

1840 DUNN AVENUE STE 6 JACKSONVILLE FL 32218

Mailing Address

1840 DUNN AVENUE STE 6

JACKSONVILLE FL 32218





2. Principal Place of Business 2348 Dunn Ave Suite, Apt. #, etc.		3. Mailing Address 3348 Dun Ave Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	wornville FL	_City & State _City & State	ille FL	4. FEI Number	59-3398460	<u> </u>	Applied For lot Applicable
32	48 Owal	3,7=518	Sountry	5. Certificate c	of Status Desired	\$8.75 Ad	ditional
·	Name and Address of Current F		7. Name and Address of New Registered Agent				
HUBBARD, KIM K 1106 PARK AVENUE ORANGE PARK FL 32073				Name Street Address (P.O. Box Number is Not Acceptable)			
8. The above	e named entity submits this statement for SHELLA 5. W.A. Signature, typed or printed name of registered agent an	115 Du	registered office or regis	\alpha 00 \sigma		25/02	ـــــــــــــــــــــــــــــــــــــ
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 For Make Check Payable to			! FEE IS \$150.00 !2 Fee will be \$550.00 le to Department of S	T	tion Campaign Financing t Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/C	HANGES TO OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D Qualls, Daivd K 1840 Dunn Avenue Ste 6 Jacksonville Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUALLS, SHEILA J 1840 DUNN AVENUE STE 6 JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CJ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby co	ertify that the information supplied with thi on this report or supplemental report is tru	s filing does not qualify for the	ne exemption stated in Se	ection 119.07(3)(i), F	lorida Statutes. I further or	ertify that the in	formation

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 11 or Block 12 if