

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083088

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** NASSAU VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

851015 US HWY 17  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

851015 US HWY 17  
YULEE, FL 32097 US

**New Mailing Address:**

**FEI Number:** 59-3412326      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTE, JR., ANTHONY P ESQ.  
770 2ND AVENUE SOUTH  
SAINT PETERSBURG, FL 33701 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:** DPST  
**Name:** CARTER, KIMBERLY A  
**Address:** 851015 US HWY 17  
**City-St-Zip:** YULEE, FL 32097

**Title:** VP  
**Name:** CARTER, RITA  
**Address:** 851015 US HWY 17  
**City-St-Zip:** YULEE, FL 32097

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: KIMBERLY A. CARTER, DVM

PRES

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date