

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083166

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MARIETTA ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

660 SOUTH CAHOON ROAD  
JACKSONVILLE, FL 32221

## New Principal Place of Business:

8141 RAMONA BLVD WEST  
JACKSONVILLE, FL 32221

## Current Mailing Address:

8640 PHILIPS HIGHWAY  
20  
JACKSONVILLE, FL 32256

## New Mailing Address:

10175 FORTUNE PKWY # 601  
JACKSONVILLE, FL 32256

FEI Number: 59-3408348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBISON, MARY A  
1 INDEPENDENT DRIVE #2600  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: CINQUE, RENE  
Address: 660 S CAHOON RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: SUGGS, ALLEN D  
Address: 660 S CANOON RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: CULPEPPER, ANDY  
Address: 660 S CAHOON RD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete  
Name: SHARON, SANTERRE  
Address: 660 S CAHOON ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: SUGGS, MICHAEL G  
Address: 660 S CAHOON ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CINQUE, RENE  
Address: 8141 RAMONA BLVD WEST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Change ( ) Addition  
Name: SUGGS, ALLEN D  
Address: 10175 FORTUNE PKWY # 601  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D (X) Change ( ) Addition  
Name: CULPEPPER, ANDY  
Address: 10175 FORTUNE PKWY # 601  
City-St-Zip: JACKSONVILLE, FL 32221

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: SHARON SANTERRE

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date