

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

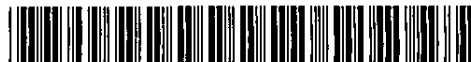
DOCUMENT # P97000003423

1. Entity Name
SOUTHSIDE ANIMAL HOSPITAL, INC.



Principal Place of Business
**821 S PEARL ST
CRESTVIEW, FL 32539 US**

Mailing Address
**821 S PEARL ST
CRESTVIEW, FL 32539 US**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, JOHN F
821 S PEARL ST
CRESTVIEW, FL 32539**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTIN, JOHN F
821 SOUTH PEARL STREET
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WORTH, TERESA K
202 COUNTRY CLUB
CRESTVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, CATHERINE E
81B POQUITO RD
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROCHA, PATRICIA O
2802 LAKE SILVER RD
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia O. Rocha *Patricia O. Rocha* *4/25/2008* *850-682-2626*