

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041252

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA VETERINARY ASSOCIATES, P.A.

**Current Principal Place of Business:**

8560 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

11337 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

8560 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Mailing Address:**

11337 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225

**FEI Number:** 58-2325904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, ROBERT I DVM  
8560 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

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

JACKSON, ROBERT I DVM  
11337 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225 US

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:

03/12/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JACKSON, ROBERT I DVM  
Address: 8560 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: WELDON, ALAN D DR.  
Address: 3750 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JACKSON, ROBERT I DVM  
Address: 11337 KINGSLEY MANOR WAY  
City-St-Zip: JACKSONVILLE, FL 32225

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: ROBERT I. JACKSON

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date