2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103671

Entity Name: BLACK CREEK VETERINARY HOSPITAL P.A.

FILED Apr 06, 2007 Secretary of State

Current Princ	ipal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
4106 COUNTY MIDDLEBURG					
Current Mailing Address:			New Mailing Address:		
4106 COUNTY MIDDLEBURG					
FEI Number: 59-	3481247	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PRICE, B CRA 4106 COUNTY MIDDLEBURG	Y RD 218				
The above nar in the State of		y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent			nt	Date	
Election Campai	ign Financ	ing Trust Fund Contribution ().			
OFFICERS A	ND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: PF	RICE, B. C	() Delete RAIG DODDE DOINT DR	Title: (() Change () Addition	

 Name:
 PRICE, B. CRAIG
 Name:

 Address:
 1888 COMMODORE POINT DR
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32003
 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: B. CRAIG PRICE PRES 04/06/2007