


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000055807 <small>1. Entity Name</small> PONTE VEDRA ANIMAL HOSPITAL, INC.	
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Principal Place of Business 28 CORNONA ROAD PONTE VEDRA BEACH, FL 32082	Mailing Address 28 CORNONA ROAD PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3519524	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STEFFEY, FRED H
6620 SOUTHPOINT DRIVE SOUTH, #300
JACKSONVILLE, FL 32216-0913

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055750 02/18/04-80016-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HILL, DARRYL B
STREET ADDRESS	28 CORNONA ROAD
CITY-ST-ZIP	PONTE VERDA, FL 32082
TITLE	DVPS
NAME	HILL, IRIS E
STREET ADDRESS	28 CORNONA ROAD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	FLOOD, BRYAN K V.M.D.
STREET ADDRESS	28 CORNONA ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Iris E. Hill, Corp V.P. **2-16-04** **904-285-1094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #