

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095032

FILED
Apr 01, 2008
Secretary of State

Entity Name: ARK ANIMAL HOSPITAL OF JACKSONVILLE, INC.

Current Principal Place of Business:

12585 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

12585 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

1460 BARRINGTON CIRCLE
ST. AUGUSTINE, FL 32092

FEI Number: 59-3554804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, ANNA K DPST
12585 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MAXWELL, ANNA K
12585 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 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: ANNA K. MAXWELL

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MAXWELL, ANNA K
Address: 420 HEATHER PARK LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MAXWELL, ANNA K
Address: 420 HEATHER PARK LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T () Change (X) Addition
Name: CUTLER, SUSANNA M
Address: 1460 BARRINGTON CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ANNA K. MAXWELL

DPS

04/01/2008

Electronic Signature of Signing Officer or Director

Date