

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 025 ***150.00

DOCUMENT # P99000003031

1. Entity Name
CREEKSIDE VETERINARY ASSOCIATES, P.A.



Principal Place of Business
**14 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068**

Mailing Address
**14 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3554108

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent -

REED, FRAN M D.V.M. 14 SWIMMING PEN DRIVE
~~2035 AZALEA LN~~
~~ORANGE PARK, FL 32073~~ **MIDDLEBURG, FL 32068**
6751

**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 *Fran M. Reed, DVM* **FRAN M. REED, DVM**

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

(NOTE: Registered Agent signature required when reinstating)

4/6/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **REED, SCOTT D DVM**
STREET ADDRESS **2035 AZALEA LN 14 SWIMMING PEN DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073 MIDDLEBURG, FL 32068**

TITLE **D**
NAME **REED, FRAN M DVM**
STREET ADDRESS **2035 AZALEA LN 14 SWIMMING PEN DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073 MIDDLEBURG, FL 32068**

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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)(i), 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: *Fran M. Reed, DVM* **FRAN M. REED, DVM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04
Date

904-541-0110
Daytime Phone #