

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003031

FILED
Apr 27, 2006
Secretary of State

Entity Name: CREEKSIDE VETERINARY ASSOCIATES, P.A.

Current Principal Place of Business:

14 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068

New Principal Place of Business:

4009 LAKE NED CIRCLE
WINTER HAVEN, FL 33884

Current Mailing Address:

14 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068

New Mailing Address:

4009 LAKE NED CIRCLE
WINTER HAVEN, FL 33884

FEI Number: 59-3554108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, FRAN M D.V.M.
14 SWIMMING PEN DRIVE
MIDDLEBURG, FL 320686751 US

Name and Address of New Registered Agent:

REED, FRAN M D.V.M.
4009 LAKE NED CIRCLE
WINTER HAVEN, FL 33884 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REED, SCOTT D DVM
Address: 14 SWIMMING PEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: REED, FRAN M DVM
Address: 14 SWIMMING PEN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REED, SCOTT D DVM
Address: 4009 LAKE NED CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: REED, FRAN M DVM
Address: 4009 LAKE NED CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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: SCOTT D. REED

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date