

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000032764	
1. Entity Name ANIMAL E.R., P.A.	

Principal Place of Business 11359 OLD ST. AUGUSTINE ROAD MANDARIN, FL 32258	Mailing Address P.O. BOX 41285 JACKSONVILLE, FL 32203-1285
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573344	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRINCE, PETER X D.V.M. 11359 OLD ST. AUGUSTINE ROAD MANDARIN, FL 32258

**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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

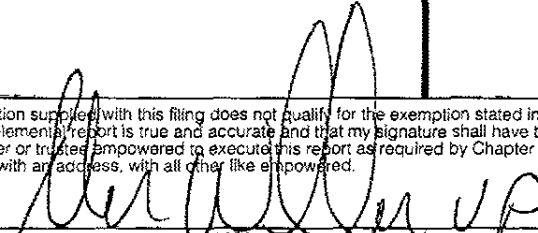
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000139203
04/29/04-80110-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PRINCE, PETER X D.V.M. 11359 OLD ST. AUGUSTINE ROAD MANDARIN, FL 32258
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GORING, ROBERT L D.V.M. 275 CORPORATE WAY ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WELDON, ALAN D D.V.M. 3750 RIVERSIDE AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JACKSON, ROBERT I D.V.M. 8560 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASVD WOODS, JEFFREY C D.V.M. 7530 MERRILL ROAD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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:  4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #