


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000032764</b>	
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
---	--

**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3573344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

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	

05/05/05-80067-025 150.00

**DO NOT WRITE 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)(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: <u>R. I. Jackson DVM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4-22-05</u>	Daytime Phone #: <u>904-724-6647</u>
--	----------------------	--------------------------------------