2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000032764

1. Entity Name
ANIMAL E.R., P.A.

Principal Place of Business	Mailing Address
11359 OLD ST. AUGUSTINE ROAD MANDARIN, FL 32258	P.O.BOX 41285 JACKSONVILLE, FL 32203-1285

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573344
☐ Applied For
☐ Not Applicable

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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04/21/06-80025-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #