


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90012 049 ***150.00

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| DOCUMENT # P99000032764 1. Entity Name ANIMAL E.R., P.A. |  |
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| 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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| DO NOT WRITE IN THIS SPACE |
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03272007 No Chg-P CR2E034 (11/05)

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| 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 | |

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| 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 |
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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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 | |

**DO NOT WRITE
IN THIS SPACE**

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 #