## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000032764

1. Entity Name



ANIMAL	. E.R., P.A.									
Principal P 11359 OLD MANDARIN	lace of Business ST. AUGUSTINE ROAD FL 32258	P.O	ling Address BOX 41285 XSONVILLE FL 32203	-1285		) (DANGARI (OR YAWA HAWA RAWA RAWA	17 <b>20</b> 40 <b>2040</b> 2 Wil <b>e</b> (1	<b>.</b> <b>.</b>	<b>.</b> 1711 1811 1816	
2. Principa	I Place of Business	3. M	3. Mailing Address				<b>                    </b>			
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & St	•	Ci	ty & State			4. FEI Number 59-3573344		_	optied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate of Status Desired	Fee	75 Add Require	ditional	
	- 6Name and Addres	s of Current Register	red Agent			7. Name and Address of New Re	gistered Agent			7.
DOWNOC	DETER V A LILL			Nam	е	,				7
11359 0	, PETER X D.V.M. ILD ST. AUGUSTINE RO/	AD	Street Address		et Address (P	O. Box Number is Not Acceptable)	<del>.,</del>	_	<u> </u>	1
MANDAF	RIN FL 32258					- <del> </del>				1
				City	<del></del>		- FL I	p Code		+
B. The above the obligation	re named entity submits this ations of registered agent.	statement for the pur	pose of changing its	registered office	or registere	d agent, or both, in the State of Flori	da. I am familia	r with, a	and accept	1
SIGNATURE	Signature, typed or printed name of	registered agent and trile if ap	plicable. (NOTE:	: Registered Agent sig	matters required w	har enertalism	DATE			
	EII E NOWIII EEE IS S	470.00	1				DAIE			4
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina     Trust Fund Contribution.	· —	<b>\$5.0</b> ( Added	May Be to Fees	
10.		ICERS AND DIRECTO	100	11,						j
TITLE	PD	.oc.,o., and omicore	☐ Delete	<del></del>	<del></del>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS	IN 11	۱_
NAME	PRINCE, PETER X D.V.	M	LI Delete	TITLE NAME			☐ CI	nange	Addition	8
STREET ADDRESS	11359 OLD ST. AUGUS	STINE ROAD		STREET ADDRESS	,					18
CITY-ST-ZIP	MANDARIN FL 32258			CITY-ST-ZIP	Ĭ					18
TITLE	VD	-	Delete	TITLE	<del></del>					CR2E034 (10/02)
NAME	GORING, ROBERT L D	.V.M.	L Delete	NAME			Ch	ange	Addition	18
STREET ADDRESS	275 CORPORATE WAY	1		STREET ADDRESS	.					_
CITY-ST-ZIP	ORANGE PARK FL 320	73	•	CITY-SI-ZIP						
TITLE	SD	-	☐ Delete	TITLE			Cha	Inne	☐ Addition	ĺ
NAME	WELDON, ALAN D D.V.	М.		NAME				u yc	L.) Audipun	ł
STREET ADDRESS CITY-ST-ZIP	3750 RIVERSIDE AVENI	UE		STREET ADDRESS	;					l
	JACKSONVILLE FL 322	U5	<u></u>	CITY-SI-ZIP						
TITLE NAME	itd Jackson, Robert i D	17.84	Delete	TITLE			☐ Cha	uðs	☐ Addition	
STREET ADDRESS	8560 ARLINGTON EXPE	AV.M. DECCMAY		NAME						
CITY-ST-ZIP	JACKSONVILLE FL 322			STREET ADDRESS CITY-ST-ZIP					-	
TITLE	ASVD		☐ Delete	TITLE	<del>                                     </del>	<del></del>				
NAME	WOODS, JEFFREY C D.	.V.M.	- Suidlu	NAME	1		☐ Cha	nge !	Addition	
STREET ADDRESS	7530 MERRILL ROAD	_		STREET ADDRESS					j	
CITY-ST-ZIP	JACKSONVILLE FL 3227	77		CITY-ST-ZIP						
TITLE	· ·		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Char	nne f	Addition	
HAME				NAME	1		0.40	.a- l		
GIREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	1				- 1	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				CITY-ST-ZIP					]	

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 bested empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears 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 PROTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90444 029 \*\*\*171.00