

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046854

1. Entity Name

COMPANION ANIMAL HOSPITAL OF JACKSONVILLE,
P.A.



Principal Place of Business

6003 PHILLIPS HWY.
JACKSONVILLE FL 32216

Mailing Address

6003 PHILLIPS HWY.
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3575955

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, ROBIN R
6003 PHILLIPS HWY.
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
CHAMBERS, ROBIN R
6003 PHILLIPS HWY.
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000029055
02/04/04-80043-009 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Robin R. Chambers **ROBIN R. CHAMBERS** 1-28-04 904 733 5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #