

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097963

FILED
Feb 11, 2005
Secretary of State

Entity Name: CAT CLINIC OF DESTIN, P.A.

Current Principal Place of Business:

4421 COMMONS DR. EAST
STE B106
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4421 COMMONS DR. EAST
STE B106
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3608788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DR., STE. 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLYNN, DOROTHY V DVM
Address: 4684 WINDSTARR DR.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: FLYNN, DOROTHY V DVM
Address: 4684 WINDSTARR DR.
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY V. FLYNN, D.V.M.

DR.

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date