

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102757

Entity Name: BRICK CITY CAT HOSPITAL, P.A.

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

702 S. MAGNOLIA AVE., UNIT 1
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

702 S. MAGNOLIA AVE., UNIT 1
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3610156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, J. HERBERT
2800 E. SILVER SPRINGS BLVD., STE. 202
OCALA, FL 34470 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: DR. () Delete
Name: SALPETER, JENNIFER DVM
Address: 702 S. MAGNOLIA AVE., UNIT 1
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JENNIFER SALPETER

Electronic Signature of Signing Officer or Director

DR.

01/23/2006

Date