2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102859

Entity Name: HILLTOP ANIMAL HOSPITAL, P.A.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

16402 HWY 441 N ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

16402 HWY 441 N ALACHUA, FL 32615

FEI Number: 59-3617401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 DILBONE, ROBERT P
 JONES, LAURIE J

 16402 HWY 441 N
 16402 HWY 441 N

 ALACHUA, FL 32615
 ALACHUA, FL 32615

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: LAURIE J. JONES 04/15/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Delete Title: () Change () Addition

 Name:
 DILBONE, ROBERT P
 Name:

 Address:
 21212 NW 210 AVE
 Address:

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:

Title: DP () Delete Title: () Change () Addition

 Name:
 JONES, LAURIE
 Name:

 Address:
 22024 NW 188 STREET
 Address:

 City-St-Zip:
 HIGH SPRINGS, FL 32643
 City-St-Zip:

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: LAURIE J. JONES DP 04/15/2004