

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000102859	
1. Entity Name HILLTOP ANIMAL HOSPITAL, P.A.	

Principal Place of Business 16402 HWY 441 N ALACHUA, FL 32615	Mailing Address 16402 HWY 441 N ALACHUA, FL 32615
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03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3617401	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, LAURIE J 16402 HWY 441 N ALACHUA, FL 32615
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**DO NOT WRITE
IN THIS SPACE**

8. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	OR JONES, LAURIE 22024 NW 188 STREET HIGH SPRINGS, FL 32643
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03/25/06-80023-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dr Laurie Jones* 3-6-06 386 462 3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #