# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2004**
**Secretary of State**

DOCUMENT# S35483

**Entity Name:** NORTHSIDE VETERINARY CLINIC, P.A.

**Current Principal Place of Business:**

18 RACETRACK ROAD NE
FORT WALTON BEACH, FL 325471801

**New Principal Place of Business:**

**Current Mailing Address:**

18 RACETRACK ROAD NE
FORT WALTON BEACH, FL 325471801

**New Mailing Address:**

**FEI Number: 59-3057213** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 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: DPV ( ) Delete
Name: MCCLELLAN, JAMES,
Address: 18 RACETRACK ROAD NE
City-St-Zip: FT. WALTON BEACH, FL

Title: ST ( ) Delete
Name: MCCLELLAN, JAMES,
Address: 18 RACETRACK ROAD NE
City-St-Zip: FT WALTON BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPV (X) Change ( ) Addition
Name: MCCLELLAN, JAMES,
Address: 18 RACETRACK ROAD NE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: ST (X) Change ( ) Addition
Name: MCCLELLAN, JAMES,
Address: 18 RACETRACK ROAD NE
City-St-Zip: FT WALTON BCH, FL 32547

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: JAMES MCCLELLAN DPV 01/25/2004

Electronic Signature of Signing Officer or Director — Date