


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # S59033 1. Entity Name CHEMSTRAND OAKS VETERINARY HOSPITAL, P.A.		
Principal Place of Business 10229 CHEMSTRAND RD PENSACOLA, FL 32534 US	Mailing Address 10229 CHEMSTRAND ROAD PENSACOLA, FL 32534 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEWART, JEANNE 10229 CHEMSTRAND ROAD PENSACOLA, FL 32534		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000045714 02/11/04-80074-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEWART, JEANNE 10229 CHEMSTRAND ROAD PENSACOLA, FL	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Jeanne Stewart DVM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/09/2004 850-474-1923 <small>Date Daytime Phone #</small>