

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 25, 2008  
Secretary of State**

DOCUMENT# S73667

Entity Name: PETER X. PRINCE, D.V.M., P.A.

**Current Principal Place of Business:**

11359 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 41285  
JACKSONVILLE, FL 322031285

**New Mailing Address:**

FEI Number: 59-3083678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PRINCE, PETER  
11359 OLD ST AUGUSTINE  
JACKSONVILLE, FL 32257      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

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: PRINCE, PETER X.,  
Address: 11359 OLD ST. AUGUSTINE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: PRINCE, PETER X.,  
Address: 11359 OLD ST. AUGUSTINE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: SEC (X) Change ( ) Addition  
Name: PRISCILLA R. ROCKEFE, LLER  
Address: 11359 OLD ST. AUGUSTINE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: TRES ( ) Change (X) Addition  
Name: MELISSA ESLICK,  
Address: 11359 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

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: SANDRA BRADLEY

MAN

04/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date