2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73667

City-St-Zip:

JACKSONVILLE, FL 32258

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

FILED Apr 06, 2009 Secretary of State

Entity Name: PETER X. PRINCE, D.V.M., P.A.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11359 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257				11359 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	
Current M	ailing Addre	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX 41285 JACKSONVILLE, FL 322031285				11359 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258	
FEI Number:	59-3083678	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	PETER) ST AUGUST VILLE, FL 322			PRINCE, PETER 11359 OLD ST AUGUSTINE JACKSONVILLE, FL 32258 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:			04/06/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST (PRINCE, PETE 11359 OLD ST JACKSONVILL	. AUGUSTINE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MELISSA ESLI) Delete CK, , AUGUSTINE ROAD	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SANDRA BRADLEY MAN 04/06/2009