


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # S93300 1. Entity Name ANIMAL MEDICAL CARE, INC.	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 4496 SOUTHSIDE BLVD., STE. 200 JACKSONVILLE, FL 32216 US	Mailing Address 4496 SOUTHSIDE BLVD., STE. 200 JACKSONVILLE, FL 32216 US
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3092682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CULPEPPER, ROBERT A
4496 SOUTHSIDE BLVD, STE 200
JACKSONVILLE, FL 32216

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CULPEPPER, ROBERT A 4496 SOUTHSIDE BLVD., STE. 200 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUGGS, ALLEN D JR. 8640 PHILLIPS HWY., STE. 20 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000008119
01/20/04-80053-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/15/04 904-642-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #