

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11552

FILED
Jan 24, 2006
Secretary of State

Entity Name: ANIMAL MEDICAL CENTER OF GULF BREEZE, INC.

Current Principal Place of Business:

3205 GULF BREEZE PKWY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

3205 GULF BREEZE PKWY
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3106903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, J. GUS
3205 GULF BREEZE PKWY
GULF BREEZE, FL 32563 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: PTS () Delete
Name: MUELLER, J GUS
Address: 3205 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: MUELLER, J GUS DVM
Address: 3205 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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: J GUS MUELLER

PRES

01/24/2006

Electronic Signature of Signing Officer or Director

Date