


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # V26208 1. Entity Name ANASTASIA VETERINARY PRACTICE, P.A.																																					
Principal Place of Business 15 FIRST ST. ST. AUGUSTINE FL 32080			Mailing Address 15 FIRST ST. ST. AUGUSTINE FL 32080																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		4. FEI Number 59-2982440																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent STRICKLAND CHARLES G 43 OCEAN PINES DR ST AUGUSTINE FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																	
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 reconstituting)																																					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>STRICKLAND, CHARLES G.</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>43 OCEAN PINES DRIVE</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST AUGUSTINE FL 32080</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>U000000050225</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/16/04-80001-022 150.00</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete		NAME	STRICKLAND, CHARLES G.			STREET ADDRESS	43 OCEAN PINES DRIVE			CITY - ST - ZIP	ST AUGUSTINE FL 32080			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	U000000050225			STREET ADDRESS	02/16/04-80001-022 150.00			CITY - ST - ZIP			
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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 life empowers.																																					
SIGNATURE: 