

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # V47046	
1. Entity Name SAN JOSE - BEAUCLERC ANIMAL CLINIC, INC.	
Principal Place of Business 9319 SAN JOSE BLVD. JACKSONVILLE, FL 32257	Mailing Address 9319 SAN JOSE BLVD. JACKSONVILLE, FL 32257



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3131599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WOLF, WAYNE A.
3733 UNIVERSITY BLVD., WEST
SUITE 106
JACKSONVILLE, FL 32217**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NASH, DWIGHT M.
STREET ADDRESS	9319 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/03/05-80027-003 150.00

**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)(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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05

904-733-5022