2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2013
Secretary of State
CC3289346623

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Entity Name: RIVER CITY COMMUNITY ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

844 WHITLOCK RD
JACKSONVILLE, FL 32211

Current Mailing Address:

P.O BOX 551344
JACKSONVILLE, FL 32255 US

FEI Number: 51-0496203

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SKINNER, SARAH TD.V.M.
6670 BOWDEN ROAD
JACKSONVILLE, FL 32216 US

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

Officer/Director Detail :

Title	TREA	Title	AGEN
Name	DAVIS, STACEY RCHESSER	Name	SKINNER, SARAH TD.V.M.
Address	6236 PINELOCK DRIVE	Address	6670 BOWDEN ROAD
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	JACKSONVILLE FL 32216
Title	PRES	Title	S
Name	GIONET, PAT	Name	NADEAU, LUCY
Address	7433 SYCAMORE ST	Address	3586 MORGANS WAY
City-State-Zip:	JACKSONVILLE FL 32208	City-State-Zip:	YULEE FL 32097

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH T SKINNER DVM 01/16/2013

Electronic Signature of Signing Officer/Director Detail — Date