

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S73667

**Entity Name:** PETER X. PRINCE, D.V.M., P.A.

**Current Principal Place of Business:**

11359 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

996 FRUIT COVE RD  
SAINT JOHNS, FL 32259 US

**FEI Number:** 59-3083678

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRINCE, PETER  
996 FRUIT COVE RD  
SAINT JOHNS, FL 32259 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 PST  
Name PRINCE, PETER X.  
Address 996 FRUIT COVE RD  
City-State-Zip: SAINT JOHNS FL 32259

Title SEC  
Name PRISCILLA R. ROCKEFELLER  
Address 11359 OLD ST. AUGUSTINE  
City-State-Zip: JACKSONVILLE FL 32258

Title TRES  
Name MELISSA ESLICK  
Address 11359 OLD ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32258

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

**SIGNATURE:** PETER PRINCE

PRESIDENT

04/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date