

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F10077**

1. Entity Name

**SOUTH FEDERAL ANIMAL HOSPITAL, P.A.**



Principal Place of Business

**HOSPITAL, P.A.  
1100 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316**

Mailing Address

**HOSPITAL, P.A.  
1100 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

**59-2035364**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$6.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEILAN, ALBERTO L  
1100 SOUTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
MEILAN, MAYRA C  
1100 S. FED HWY  
FORT LAUDERDALE FL 33316**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U000000444291  
03/06/06-80045-022 150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
MEILAN, ALBERTO L  
1100 S FED HWY  
FORT LAUDERDALE FL 33316**

☐ Change ☐ Addition  
TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *A.L. Meilan* **A.L. MEILAN**

**2/16/06 (954)523 8527**