

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90395 015 ***150.00

DOCUMENT # P93000058984
 1. Entity Name
NORTH SHORE ANIMAL HOSPITAL, INC.



Principal Place of Business: **1230 NORTH TAMIAMI TRAIL, NORTH FORT MYERS FL 33903**
 Mailing Address: **1230 NORTH TAMIAMI TRAIL, NORTH FORT MYERS FL 33903**

24035189



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0433561**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SENSEMAN-KINCADE, TERESA A
1230 NORTH TAMIAMI TRAIL
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SENSEMAN, LOIS ANN	
STREET ADDRESS	1230 NO TAMIAMI TR	
CITY-ST-ZIP	NO FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENSEMAN, SHARON J	
STREET ADDRESS	1230 NORTH TAMIAMI TRAIL	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENSEMAN-KINCADE, TERESA ANN	
STREET ADDRESS	1230 N TAMIAMI TR	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lois Ann Senseman*
 LOIS ANN SENSEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 239-995-2883
 Date Daytime Phone #