

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058984

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: NORTH SHORE ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0433561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SENSEMAN-KINCADE, TERESA A  
14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SENSEMAN, LOIS ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: SENSEMAN-POWELL, SHARON J  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: SENSEMAN-KINCADE, TERESA ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: SENSEMAN, LOIS ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DP (X) Change ( ) Addition  
Name: SENSEMAN-POWELL, SHARON J  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DV (X) Change ( ) Addition  
Name: SENSEMAN-KINCADE, TERESA ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON J. SENSEMAN-POWELL

DP

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date