


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000011720

1. Entity Name
 HOLLYWOOD ANIMAL HOSPITAL, PROFESSIONAL ASSOCIATION



Principal Place of Business
 2864 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

Mailing Address
 2864 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0640739

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEE, JAMES D
 2864 HOLLYWOOD BLVD.
 HOLLYWOOD, FL 33020

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEE, JON F
STREET ADDRESS	2864 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VD
NAME	DEE, LARRY G
STREET ADDRESS	2864 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	STD
NAME	DEE, JAMES D
STREET ADDRESS	2864 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/16/05-80013-004 150.00

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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 _____ DATE 2/14/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR