

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015751

Entity Name: PET CARE HOSPITAL, INC.

FILED  
Mar 31, 2005  
Secretary of State

**Current Principal Place of Business:**

5001 N. 12TH AVE.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5001 N. 12TH AVE.  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 59-3564350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HESS, BRIAN D  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH, FL 32407 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: CARLOS, THOMAS E  
Address: 5001 N. 12TH AVE.  
City-St-Zip: PENSACOLA, FL 32504

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS CARLOS

D

03/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date