


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90064 018 \*\*\*150.00

<b>DOCUMENT # 249769</b> 1. Entity Name <b>WEST BROWARD ANIMAL HOSPITAL, INC.</b>					
Principal Place of Business <b>LLOYD W GEORGE 2875 W BROWARD BLVD FT LAUDERDALE FL 33312</b>			Mailing Address <b>LLOYD W GEORGE 2875 W BROWARD BLVD FT LAUDERDALE FL 33312</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GEORGE, LLOYD W 2400 SW 28 TERR FORT LAUDERDALE FL</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD GEORGE, LLOYD W <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2400 SW 28 TERR.		NAME		
STREET ADDRESS	FORT LAUDERDALE FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, MARILYN		NAME		
STREET ADDRESS	2400 SW 28 TERR		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, MELANIE		NAME		
STREET ADDRESS	1560 S.W. 23RD AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Lloyd W. George</u> - <u>Lloyd W. George</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/28/05</u> <u>954-583-9110</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

50059719

**WEST BROWARD ANIMAL HOSPITAL**

2875 West Broward Boulevard  
Fort Lauderdale, Florida 33312  
(954) 583-9110 • Fax (954) 583-9115

July 28, 2005

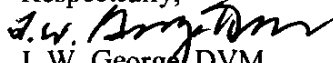
To: Florida Department of State.

Dear Sirs,

This letter is in regards to document #249769 for the West Broward Animal Hospital, Inc. I sincerely apologize for not meeting the deadline for the corporate filing fee but I did not receive a notice of the fee due. If you review the corporate filing fee record, you will see that the corporation has always filed the fee in a timely manner. I was unaware that the fee was due until I received a notice of intent to resolve.

Thank you for your cooperation,

Respectfully,



L.W. George, DVM  
President