


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 249769	
1. Entity Name WEST BROWARD ANIMAL HOSPITAL, INC.	

Principal Place of Business LLOYD W GEORGE 2875 W BROWARD BLVD FT LAUDERDALE, FL 33312	Mailing Address LLOYD W GEORGE 2875 W BROWARD BLVD FT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0937756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GEORGE, LLOYD W
2400 SW 28 TERR
FORT LAUDERDALE, FL**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEORGE, LLOYD W 2400 SW 28 TERR. FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEORGE, MARILYN 2400 SW 28 TERR FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGE, MELANIE 1560 S.W. 23RD AVENUE FT LAUDERDALE FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/08/08-80008-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lloyd W George **1-2-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #