

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249769

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** WEST BROWARD ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

LLOYD W GEORGE  
2875 W BROWARD BLVD  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

LLOYD W GEORGE  
2875 W BROWARD BLVD  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 59-0937756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEORGE, LLOYD W  
2400 SW 28 TERR  
FORT LAUDERDALE, FL 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:** PD  
**Name:** GEORGE, LLOYD W  
**Address:** 2400 SW 28 TERR.  
**City-St-Zip:** FORT LAUDERDALE, FL

**Title:** S  
**Name:** GEORGE, MARILYN  
**Address:** 2400 SW 28 TERR  
**City-St-Zip:** FORT LAUDERDALE, FL

**Title:** D  
**Name:** GEORGE, MELANIE  
**Address:** 1560 S.W. 23RD AVENUE  
**City-St-Zip:** FT LAUDERDALE FL,

I hereby 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 all other like empowered.

**SIGNATURE:** DR. DEORGE

PD

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date