

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 356123



1. Entity Name

LEE & MORGAN, BLUFFS ANIMAL HOSPITAL, P.A.

Principal Place of Business

320 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS
LARGO FL 33770-2013
US

Mailing Address

320 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS
LARGO FL 33770
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-1280528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, DONALD
320 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
P MORGAN, DONALD H 320 N INDIAN ROCKS RD BELLEAIR BLUFFS, LARGO FL 33770 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
U00000686251
04/09/07-80038-008 150.00

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donald H. Morgan* DONALD H. MORGAN

3-28-07

127-585-5682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #