


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 414613**  
 1. Entity Name  
**BRADENTON SMALL ANIMAL HOSPITAL INC**



Principal Place of Business 1324 17TH AVE BRADENTON, FL 34205 US	Mailing Address 1324 17TH AVE BRADENTON, FL 34205 US
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1424270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BUTLER, CLAIR E., D.V.M.  
 1324 17TH AVENUE, W.  
 BRADENTON, FL 34205

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 BUTLER, CLAIR E. 1903 22ND STREET WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BUTLER, EDITH D. 1903 22ND STREET WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUTLER, JAY 1903 22 ST W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/14/05-80007-001 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **x 1-20-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #