

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 436922

1. Entity Name
MAY ANIMAL HOSPITAL, INC.



Principal Place of Business
**4645 HWY 92 W.
PLANT CITY, FL 33563**

Mailing Address
**4645 HWY 92 W.
PLANT CITY, FL 33563**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1493664	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL A. MARKS, DVM
4645 HWY 92 W.
PLANT CITY, FL 33563**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000057722
02/20/04-80001-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, MICHAEL A DVM 4645 HWY 92 W. PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWIS, STEVEN C DVM 7193 E HIGH ST. LOCKPORT, NY 14094
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKS, MICHAEL A DVM 4645 HWY 92 W. PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKS, MICHAEL A DVM 4645 HWY 92 W. PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

Michael A. Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PPGS, MAY ANIMAL HOSPITAL, INC

Date

Daytime Phone #

2/17/04 813 752 KYD

Michael A. Marks DVM