

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1493664

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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: *Michael A. Marks* **(NO CHANGES) PRES, May Animal Hospital, Inc.**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/9/2005
DATE

**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

**U000000355899
05/04/05-80013-015 158.75**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKS, MICHAEL A DVM
STREET ADDRESS 4645 HWY 92 W.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE VPD
NAME LEWIS, STEVEN C DVM
STREET ADDRESS 7193 E HIGH ST.
CITY-ST-ZIP LOCKPORT, NY 14094

TITLE SD
NAME MARKS, MICHAEL A DVM
STREET ADDRESS 4645 HWY 92 W.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE TD
NAME MARKS, MICHAEL A DVM
STREET ADDRESS 4645 HWY 92 W.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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* **PRES**
Signature and typed or printed name of signing officer or director

3/10/05
Date

837521010
Daytime Phone #