

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1493664	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> CR	\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

813 752 1000

Daytime Phone #