

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0688713 FP

**DOCUMENT # 436922**

1. Entity Name  
**MAY ANIMAL HOSPITAL, INC.**



05-01-2003 90283 001 \*\*\*158.75

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1493664**

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

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

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*  
**MICHAEL A. MARKS DVM PRES. MAY ANIMAL HOSPITAL INC 4/6/03**

**2/3 752 1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL A. MARKS DVM PRES. MAY ANIMAL HOSPITAL INC**

Daytime Phone #

CR2E034 (10/02)