

2004-~~FOR~~ PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90027 009 ***150.00

DOCUMENT # 513628

1. Entity Name

SUNRISE ANIMAL HOSPITAL, INC.



Principal Place of Business

1190 NW 61 AVENUE
SUNRISE FL 33313

Mailing Address

1190 NW 61 AVENUE
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1691267

Applied For
Not Applicable

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

JONES, OLIVER R
1190 NW 61 AVE
SUNRISE FL 33313

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, 2004 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	P	<input type="checkbox"/> Delete
NAME	JONES, OLIVER R.	
STREET ADDRESS	1190 N.W. 61ST AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, KRISTINE B.	
STREET ADDRESS	1190 N.W. 61ST AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURLEY, FRANCIS I.	
STREET ADDRESS	201 SW 63RD TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURLEY, R. DEXTER	
STREET ADDRESS	201 SW 63RD TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP2	<input checked="" type="checkbox"/> Delete
NAME	JONES, LURA	
STREET ADDRESS	1190 NW 61 AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP3	<input checked="" type="checkbox"/> Delete
NAME	JONES, DENA	
STREET ADDRESS	12051 SW 3RD ST.	
CITY-ST-ZIP	PLANTATION FL 33325	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Oliver R. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-04