


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 A
Secretary of State

| | | | | | |
|--|---|---------------------------------|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1691267 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JONES, OLIVER R 1190 NW 61 AVE SUNRISE FL 33313 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature: typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P JONES, OLIVER R. 1190 N.W. 61ST AVE. SUNRISE FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | S JONES, KRISTINE B. 1190 N.W. 61ST AVE SUNRISE FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | | | U000000603536 01/29/07-80017-013 158.75 | | |
| SIGNATURE: <i>Oliver R Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-18-07 954-587-0150 <small>Date Daytime Phone #</small> | | |

