2008 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # 578447

1. Entity Name
WESTCHESTER ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
2730 SW 87TH AVE MIAMI, FL 33165	2730 SW 87TH AVE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04242008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1854761	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, JOANNE M D.V.M.
2730 S.W. 87TH AVE
MIAMI, FL 33165

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000939339 05/28/08-80019-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MEDINA, JOANNE M
STREET ADDRESS	2730 S.W. 87TH AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Joanne M Medina_   Joanne Medina   4/08/08   (305) 221-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #