

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 601574

1. Entity Name
CORAL VETERINARY CLINIC, P.A.



Principal Place of Business

9540 CYPRESS LK DR.
FORT MYERS, FL 33919 US

Mailing Address

9540 CYPRESS LK DR.
FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1276301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLASS, PAUL R
9540 CYPRESS LK DR.
FT MYERS, FL 33919-1999

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOUGLASS, PAUL R D.V.M.
STREET ADDRESS	9540 CYPRESS LAKE DR.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	VP
NAME	NICHOLAS, DAVID B D.V.M.
STREET ADDRESS	9540 CYPRESS LAKE DR.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	ST
NAME	ANDAZOLA, KIRK S D.V.M.
STREET ADDRESS	9540 CYPRESS LAKE DR.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80066-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Paul R. Douglass, DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05
Date

239 481 4746
Daytime Phone #