


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 690016 1. Entity Name AFTER HOURS EMERGENCY ANIMAL CLINIC OF HOLLYWOOD, INC.	
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Principal Place of Business 6602 PINES BOULEVARD PEMBROKE PINES, FL 33024	Mailing Address 6602 PINES BOULEVARD PEMBROKE PINES, FL 33024
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**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2109277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RIDGE, RONALD M. 6602 PINES BOULEVARD PEMBROKE PINES, FL 33024	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Ronald M Ridge (NOTE: Registered Agent signature required when reinstating) DATE 02/01/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000207416 02/01/05-80043-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIDGE, RONALD M 6602 PINES BLVD PEMBROKE PINES, FL
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**DO NOT WRITE  
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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: Ronald M Ridge SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #