

# ANNUAL REPORT (AR)

DOCUMENT # 713921

1. Entity Name

PALM BEACH VETERINARY SOCIETY, INC.



**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

11462 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411

Mailing Address

11462 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUGAL, RANDALL  
11462 OKEECHOBEE BLVD  
ROYAL PALM BCH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JAFEE, PAUL  
STREET ADDRESS 950 N DIXIE HWY  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE VPD ☐ Delete  
NAME DOUGLAS, CHERRY  
STREET ADDRESS 950 N DIXIE HWY  
CITY- ST- ZIP BOCA RATON FL 33432

TITLE SD ☐ Delete  
NAME LEHR, SID  
STREET ADDRESS 1900 S FEDERAL HWY  
CITY- ST- ZIP DELRAY BEACH FL 33483

TITLE T ☐ Delete  
NAME DUGAL, RANDALL  
STREET ADDRESS 11462 OKEECHOBEE BLVD  
CITY- ST- ZIP ROYAL PALM BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000255423  
03/08/05-80015-005 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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)(f), 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 617, 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:

*Randall S. Dugal* Randall S. Dugal Treasurer 2/5/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #