

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001506

FILED
Mar 22, 2005
Secretary of State

Entity Name: ANIMAL HOSPITAL OF ISLAMORADA, INC.

Current Principal Place of Business:

P.O. BOX 1267
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1267
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-1151407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORRICK, JOSEPH E CPA
82245 OVERSEAS HWY.
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

POWELL, DONALD F CPA
4700 SHERIDAN STREET
BUILDING P
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: DONALD POWELL

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: GLADE, CLIFFORD M
Address: P.O. BOX 1267
City-St-Zip: ISLAMORADA, FL 33036

Title: VCVT () Delete
Name: GLADE, DIANE T
Address: P.O. BOX 1267
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE GLADE

VCVT

03/22/2005

Electronic Signature of Signing Officer or Director

Date