

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F21752 1. Entity Name SHANK ANIMAL HOSPITAL, INC.			
Principal Place of Business % JERRY P SHANK 3225 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-6055		Mailing Address % JERRY P SHANK 3225 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-6055	
DO NOT WRITE IN THIS SPACE			
		03172004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2110311		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 SHANK, JERRY P 3225 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U00000094367</div> <div>03/22/04-80057-023 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	V		
NAME	SHANK, EARL		
STREET ADDRESS	2500 NE CENTER AVE.		
CITY-ST-ZIP	FT LAUDERDALE, FL		
TITLE	A		
NAME	CRONE, ELDON S.		
STREET ADDRESS	2500 NE CENTER AVE.		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
TITLE	AS		
NAME	SHANK, FLOY W.		
STREET ADDRESS	2500 NE CENTER AVE.		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
TITLE	PD		
NAME	SHANK, JERRY P.		
STREET ADDRESS	3225 S. ANDREWS AVE.		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
TITLE	ST		
NAME	SHANK, CONSTANCE E.		
STREET ADDRESS	3225 S. ANDREWS AVE.		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
TITLE			
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 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			