

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002130

FILED
Jul 22, 2004
Secretary of State

Entity Name: ORCHARD PARK VETERINARY MEDICAL CENTER, P.C.

Current Principal Place of Business:

653 N OWL DR
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

653 N OWL DR
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 16-1149814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURIE, JOHN C DVM
653 N OWL DR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURIE, JOHN C DVM
Address: 653 N OWL DR
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN C. LAURIE, D.V.M.

P

07/22/2004

Electronic Signature of Signing Officer or Director

Date