


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90007 010 ***150.00

DOCUMENT # G21599	
1. Entity Name LESLIE S. WILNER, D.V.M., P.A.	

Principal Place of Business 6487 TAFT STREET HOLLYWOOD FL 33024 US	Mailing Address 5840 SW 32ND TERR FORT LAUDERDALE FL 33312 US
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2. Principal Place of Business 5840 SW 32ND TERRACE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FORT LAUDERDALE	City & State
Zip 33312	Country FLORIDA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2256874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILNER, LESLIE S., D.V.M. 6487 TAFT STREET HOLLYWOOD FL	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 5840 S.W. 32ND TERRACE	
City FORT LAUDERDALE	Zip Code 33312

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILNER, LESLIE S., D.V.M. 6487 TAFT STREET HOLLYWOOD FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Leslie S. Wilner **LESLIE S. WILNER** 2/1/05 954-981-6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #