


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # H08102 1. Entity Name DEER RUN ANIMAL HOSPITAL, INC. |  |
|--|---|

Principal Place of Business
C/O DR. WEIDENBAUM
3360 W HILLSBOROUGH BLVD
DEERFIELD BEACH, FL 33442

Mailing Address
C/O DR. WEIDENBAUM
3360 W HILLSBOROUGH BLVD
DEERFIELD BEACH, FL 33442



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2442814 | 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

WEIDENBAUM, LANCE
3360 W HILLSBOROUGH BLVD
DEERFIELD BEACH, FL 33442

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEIDENBAUM, LANCE 3360 W HILLSBOROUGH BLVD DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS WEIDENBAUM, SHARON 3360 W HILLSBOROUGH BLVD DEERFIELD BEACH, FL |
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04/02/05-80028-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 (954) 421-2244
Date Daytime Phone #