

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16659

FILED  
Mar 24, 2005  
Secretary of State

Entity Name: CORAL REEF ANIMAL CLINIC, INC.

## Current Principal Place of Business:

15301 S. DIXIE HWY.  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

15301 S. DIXIE HWY.  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 59-2468196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOUSEHOLDER, LAURIE R DVM  
15301 S. DIXIE HIGHWAY  
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOUSEHOLDER, LAURIE R DVM  
Address: 20430 MARLIN RD  
City-St-Zip: MIAMI, FL 33189

Title: ST ( ) Delete  
Name: HASSALL, MICHAEL T  
Address: 20430 MARLIN RD  
City-St-Zip: MIAMI, FL 33189

Title: VP ( ) Delete  
Name: HOUSEHOLDER, RUTH A  
Address: 15700 SW 85TH AVE  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL T HASSALL

ST

03/24/2005

Electronic Signature of Signing Officer or Director

Date