

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32405

FILED
Mar 31, 2008
Secretary of State

Entity Name: BOCA-DELRAY ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

14888 S. MILITARY TRAIL
DELRAY BEACH, FL 334848153

New Principal Place of Business:

Current Mailing Address:

14888 S. MILITARY TRAIL
DELRAY BEACH, FL 334848153

New Mailing Address:

FEI Number: 59-2508588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, ALBERT
10172 ELCABALLO COURT
APT. 801
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

ANGEL, ALBERT
18783 LONG LAKE DRIVE
BOCA RATON, FL 33496 US

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:

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGEL, ALBERT,
Address: 10712 EL CABALLO CT.
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: ANGEL, MAX,
Address: 2727 SOUTH OCENA BLVD, APT. 603
City-St-Zip: BOCA RATON, FL 33487

Title: SD () Delete
Name: ANGEL, MARY,
Address: 2727 SOUTH OCEAN BLVD., #603
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANGEL, ALBERT,
Address: 18783 LONG LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

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 exemption stated in Chapter 119, 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: ALBERT J. ANGEL

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date