2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H33110

1. Entity Name

ROYAL PALM ANIMAL HOSPITAL, INC.



FILED Feb 01, 2008 08:00 AN Secretary of State

	·			100				
Pondipal Plac	e of Business	Mailing Address						
610 ROYAL PALM BCH.BLVD. ROYAL PALM BCH. FL 33411		610 ROYAL PALM BCH.BLVD. ROYAL PALM BCH. FL 33411						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1 (6)3 8 8 8 8 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)			
City & State		City & State		4.	FE! Numb	^{per} 59-2494601	├	Applied For Not Applicable
Zıp	Country	Z:p	Country	5.	Certificate	e of Status Desired	\$8.75 A	
	6. Name and Address of Current	Registered Agent		7.	Name and	d Address of New Registered	Agent	
			Name					
SCHNEIDER, GARY A. 10505 SW. 130TH CT. MIAMI FL 33186			Street Address (P.O. Box Number is Not Acceptable)					
Wiles	141 1 E 33 100		City			g g	Zip Ci	
						FI	-	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office or	registered a	agent, or bo	oth, in the State of Florida. I am	i familiar wi	th, and accept
mo obliga	and or rogicities again.							
SIGNATURE	Signature, typed or priced earni of registered figer!	undana funnianana distre t				DATE		
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After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o					Election Campaign Finan Trust Fund Centribution.		5.00 May Be dded to Fees
10.	OFFICERS AND	DIRECTORS	11.	Δ	DDITIONS	L /CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 11
TITLE	PS	☐ Delete	TITLE				Chang	
NAME	RINGLER, RICHARDS DVM		NAME					
STREET ADDRESS	610 ROYAL PALM BEACH BVD		STREET ADORESS			U00000811233 -02/11/08-80018		
CITY - ST - ZI?	ROYAL PALM BCH FL 33411		CITY-ST-ZIP			02/11/08-80018-	<u>015 15</u>	J.00
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NUME			HAME					
STREET ADDRESS CITY-ST-712			STREET ADDRESS					
			CITY-ST-JIP			<u> </u>		
TITLE		☐ Derete	IME				Chang	je 🔲 Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
TILE		☐ Daiete	TITLE				☐ Chang	e 🔲 Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
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TIFLE	阿尔克·瓦尔尔巴西亚马拉	Deiele, Alle	ATTLE NOTE COME	1900 A 2 X	1. Jun. 1	MENT IN FRANCTION	🛵 🗔 Chang	je 🔲 Addition
NAME ATOMET APPORTOR	NAME OF THE PARTY OF		NAME 16	是说的		等等的。 第二次	A. W. T.	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 753-7000 Dayting Phone #