


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90048 012 \*\*\*150.00

<b>DOCUMENT # J48201</b>					
1. Entity Name PERSHING OAKS ANIMAL HOSPITAL, INC.					
Principal Place of Business 3240 GOLDENROD ROAD S ORLANDO, FL 32822		Mailing Address 3240 GOLDENROD ROAD S ORLANDO, FL 32822			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2760045</b>	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			7. Name and Address of New Registered Agent		
MAHLER, JAMES R. 3240 GOLDENROD ROAD S. ORLANDO, FL 32822			Name <b>PAUL C JANSSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3240 GOLDENROD RD S</b> <b>ORLANDO</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>		
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 <i>Paul C James</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <b>3/28/2005</b> DATE		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAHLER, JAMES R.</b> <b>3240 GOLDENROD ROAD S</b> <b>ORLANDO, FL</b>	<input checked="" 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	<b>ST</b> <b>JANSSON, PAUL C.</b> <b>3240 GOLDENROD ROAD S</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/ST</b> <b>JANSSON PAUL C</b> <b>3240 GOLDENROD RD S</b> <b>ORLANDO FL 32822</b>	<input checked="" 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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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
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: <i>Paul C James</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <b>3/28/2005</b> Date		DAYTIME PHONE # <b>407-249-0220</b> Daytime Phone #

