2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J77121

1. Entity Name
OAKLAND PARK ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
2200 W OAKLAND PARK BLVD. OAKLAND PARK, FL 33311	2200 W OAKLAND PARK BLVD. OAKLAND PARK, FL 33311

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2843646	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RATNOFF, DR. SPENCER
2200 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

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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 reinstating)   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

U000000201622
01/28/05-80074-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RATNOFF, SPENCER D.V.M.
STREET ADDRESS	2200 W OAKLAND PK BLVD
CITY-ST-ZIP	OAKLAND PARK, FL

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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: _Spencer H Ratnoff Spencer L. Ratnoff DVM_   1-25-05   954-731-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #