2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2843646
☐ Applied For
☐ 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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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000903323
04/30/08-80041-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	RATNOFF, SPENCER D.V.M.
STREET ADDRESS	2200 W OAKLAND PK BLVD
CITY-ST-ZIP	OAKLAND PARK, FL 33311
TITLE	S
NAME	HARRISON, GARY D V.M.
STREET ADDRESS	2200 W. OAKLAND PARK BLVD
CITY-ST-ZIP	OAKLAND PARK, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 L Ratnoff DVM President Spencer L. Ratnoff DVM 4/15/08 954-731-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #