2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# K13005

Entity Name: ANIMAL T.L.C. HOSPITAL, INC.

Current Principal Place of Business:

5400 NORTH DIXIE HIGHWAY SUITE 13 & 14
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5400 NORTH DIXIE HIGHWAY SUITE 13 & 14
BOCA RATON, FL 33487

New Mailing Address:

3429 LAKEVIEW DR
DELRAY BEACH, FL 33445

FEI Number: 65-0021626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGOVNEY, RALPH M
3429 LAKEVIEW DR
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCGOVNEY, RALPH DVM,
Address: 3429 LAKEVIEW DR
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete
Name: MCGOVNEY, MARSHA,
Address: 3429 LAKEVIEW DR
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: RALPH MCGOVNEY, DVM PRES 01/05/2005

Electronic Signature of Signing Officer or Director — Date