## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K13005

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

DELRAY BEACH, FL

City-St-Zip:

FILED Jan 08, 2006 Secretary of State

Entity Nan	ne: ANIMAL	T.L.C. HOSPITAL, INC.			
Current Principal Place of Business:			New Principal Place of E	New Principal Place of Business:	
	TH DIXIE HIG ON, FL 3348	HWAY SUITE 13 & 14 7	3429 LAKEVIEW DRIVE DELRAY BEACH, FL 334	3429 LAKEVIEW DRIVE DELRAY BEACH, FL 33445	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3429 LAKE DELRAY B	VIEW DR EACH, FL 33	445	3429 LAKEVIEW DRIVE DELRAY BEACH, FL 334	45	
FEI Number:	65-0021626	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of No	Name and Address of New Registered Agent:	
MCGOVNEY, RALPH M 3429 LAKEVIEW DR DELRAY BEACH, FL 33445 US			MCGOVNEY, RALPH M 3429 LAKEVIEW DR DELRAY BEACH, FL 334		
The above in the State		submits this statement for the p	ourpose of changing its registered of	fice or registered agent, or both,	
SIGNATURE: RALPH M MCGOVNEY				01/08/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( MCGOVNEY, R 3429 LAKEVIE DELRAY BEAC	W DR	Title: ( ) ( Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address:	D ( ) MCGOVNEY, N 3429 LAKEVIE		Title: ( ) ( Name: Address:	Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 M MCGOVNEY D 01/08/2006