2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90479 017 ***150.00

DOCUMENT # K82999

1. Entity Name
ANIMAL LOVER'S PET HOSPITAL, P.A.

Principal Place of Business	Mailing Address
C/O CAMPAGNA, PHYLLIS, DVM 107 W ROBERTSON STREET BRANDON, FL 33511	C/O CAMPAGNA, PHYLLIS, DVM 107 W ROBERTSON STREET BRANDON, FL 33511

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05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2945131
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPAGNA, PHYLLIS DVM
C/O ANIMAL LOVER'S PET HOSPITAL, PA
107 WEST ROBERTSON ST.
BRANDON, FL 33511

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D - President
NAME	CAMPAGNA, PHYLLIS DVM
STREET ADDRESS	3813 UPLAND PLACE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
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: Phyllis M Campagna, DVM Phyllis M. Campagna DVM 5-1-04 813 6548387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #