

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04131

FILED
Mar 31, 2008
Secretary of State

Entity Name: ANIMAL HOSPITAL OF THE PALM BEACHES, INC.

Current Principal Place of Business:

4080 JOB ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

4080 JOG ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

4080 JOB ROAD
LAKE WORTH, FL 33467

New Mailing Address:

4080 JOG ROAD
LAKE WORTH, FL 33467

FEI Number: 59-2991501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, ALBERT
10172 EL CABALLO CT
DELRAY BCH, FL 33446 US

Name and Address of New Registered Agent:

ANGEL, ALBERT
18783 LONG LAKE DRIVE
BOCA RATON, FL 33496 US

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:

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGEL, ALBERT,
Address: 10172 EL CABALLO CT
City-St-Zip: DELRAY BCH, FL 33446

Title: TD () Delete
Name: ANGEL, MAX,
Address: 2727 SOUTH OCEAN BLVD APT 603
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: SD () Delete
Name: ANGEL, MARY,
Address: 2727 SOUTH OCEAN BLVD #603
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANGEL, ALBERT,
Address: 18783 LONG LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

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 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: ALBERT J. ANGEL

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date