

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 023 ***150.00

DOCUMENT # L39485

1. Entity Name
PARKLAND ANIMAL HOSPITAL, INC.



Principal Place of Business
10460 W. ATLANTIC BLVD.
POMPANO BEACH, FL 33071 US

Mailing Address
10460 W. ATLANTIC BLVD.
POMPANO BEACH, FL 33071 US

00000000



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIN, ANITA P
C/O CYPRESS WOOD PLAZA
10460 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$650.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PAUL, STEVEN G.
STREET ADDRESS	10452 W ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	T
NAME	PAUL, NORMAN
STREET ADDRESS	10452 W ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	S
NAME	PAUL, FLORRIE
STREET ADDRESS	10452 W ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP
NAME	PAUL, JILL
STREET ADDRESS	10452 W ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 954-752-7829