2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L39485

1. Entity Name
PARKLAND ANIMAL HOSPITAL, INC.

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

04042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0405821
☐ Applied For
☐ Not Applicable

5. 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

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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 ANITA P. LEVIN, REGISTERED AGENT Anita P. Levin DATE 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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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04/20/06-80031-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anita P. Levin ANITA P. LEVIN, REGISTERED AGENT 954-928-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #