

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 002 ***150.00

DOCUMENT # **L39485**

1. Entity Name
PARKLAND ANIMAL HOSPITAL, INC.
dba Cypress Wood Plaza



Principal Place of Business
10460 W ATLANTIC BLVD
CORAL SPRINGS FL 33071
US

Mailing Address
10460 W ATLANTIC BLVD
CORAL SPRINGS FL 33071
US

2. Principal Place of Business
10460 W. ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address
10460 W. ATLANTIC BLVD
Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL
Zip
33071

City & State
CORAL SPRINGS, FL
Zip
33071

4. FEI Number **65-0405821**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PAUL, DR STEVEN PA
10452 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **ANITA P. LEVIN**
Street Address (P.O. Box Number is Not Acceptable)
C/O CYPRESS WOOD PLAZA
10460 W. ATLANTIC BLVD.
City **CORAL SPRINGS** FL Zip Code **33071**

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 **2/12/03**
(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAUL, STEVEN G. 10452 W ATLANTIC BLVD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, NORMAN 10452 W ATLANTIC BLVD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAUL, FLORRIE 10452 W ATLANTIC BLVD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL, JILL 10452 W ATLANTIC BLVD CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ANITA P. LEVIN** President **2/12/03** **954-752-1879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #