

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L39491

1. Entity Name
CYPRESS WOOD ANIMAL HOSPITAL, INC.



Principal Place of Business
10452 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

Mailing Address
7460 WILES RD
CORAL SPRINGS, FL 33067



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0214330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, DR STEVEN PA
7460 WILES ROAD
CORAL SPRINGS, FL 33067

**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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000031281
02/04/04-80143-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PAUL, STEVEN G.
7460 WILES ROAD
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
PAUL, NORMAN
7460 WILES ROAD
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
PAUL, FLORRIE
7460 WILES ROAD
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
PAUL, JILL NEWMAN
7460 WILES ROAD
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(f), 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 #

1/30/04 954-762-1879