


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L40564					
1. Entity Name LAKE OSBORNE ANIMAL CLINIC, INC.					
Principal Place of Business % JOHN TERIN LYNCH DVM 1502 LAKE OSBORNE DR LAKE WORTH FL 33461			Mailing Address % JOHN TERIN LYNCH DVM 1502 LAKE OSBORNE DR LAKE WORTH FL 33461		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LYNCH, JOHN TERIN 1502 LAKE OSBORNE DR LAKE WORTH FL 33461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, JOHN TERIN		NAME		
STREET ADDRESS	1502 LAKE OSBORNE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	000000196365 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	01/26/05-80064-024 150.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0163973** Applied For Not Applicable

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

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: *John T. Lynch D.V.M.* **JOHN T. LYNCH D.V.M.** 1-24-05 561 586 2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #