

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L40584

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0163973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, JOHN TERIN  
1502 LAKE OSBORNE DR  
LAKE WORTH FL 33461

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D LYNCH, JOHN TERIN  
1502 LAKE OSBORNE DR  
LAKE WORTH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
U000000602861  
01/26/07-80109-004 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
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CITY ST ZIP ☐ Delete

TITLE  
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CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

*John T. Lynch DVM* 1-23-07 588-2332 AC-181