2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L40657



05-02-2005 90424 033 ***150.00

May 02, 2005 8:00 am Secretary of State

FILED

1. Entity Nam JON J. RA HOSPITA	APPAPO	RT, D.V.M., AVEN	TURA ANIMAL							
Principal Place of Business			Mailing Address							
19101 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33180			C/O TURNBERRY ASSOCIATES 19501 BISCAYNE BLVD BLDG.#400 AVENTURA, FL 33180				C'AN' ANTA CHGI BAN II	131 91211 61811 6181	1 1(1)) FIBN 811	 Tal
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Numb 65-016			<u> </u>	oplied For ot Applicable		
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New	Registered A	gcnt	
SOFFER, MARSHA					Street Address (P.O. Box Number is Not Acceptable)					
19501BISCAYNE BLVD #400 AVENTURA 39, FL 33180				Street Address (S (F.O. BOX NUMO	er is Not Acceptat	, , , , , , , , , , , , , , , , , , ,		
				City			<u></u>	FL	Zip Cod	9
	named entit		r the purpose of changing its	register	ed office or regist	stered agent, or bo	th, in the State of I	florida. I am f	amiliar with,	and accept
SIGNATURE	Signature based	or printed name of regulared agent	and title if applicable. (NOT	E: Registere	d Agent signature requi	kred when reinstating		DATE		 ,
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Cont			55.00 May Be added to Fees				
			Trust Fund Cont			dded to Fees	/CHANGES TO OF	FICERS AND	DIRECTOR	3 IN 11
After M	ay 1, 200	5 Fee will be \$550.0	Trust Fund Cont	11.	E Ac	dded to Fees	/CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11
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After Ma	D RAPPAPO 19501;BIS	5 Fee will be \$550.0	Trust Fund Cont DIRECTORS Delete	11. TITL NAM	E Ac	dded to Fees	/CHANGES TO OF	FFICERS AND		
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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 reduct 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:



