


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L72371</b> 1. Entity Name COLE ANIMAL CLINIC, P.A.	
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Principal Place of Business 901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432	Mailing Address 901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0195261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  COLE, MICHAEL E D.V.M. 901 N FEDERAL HWY BOCA RATON, FL 33432-9739	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, MICHAEL E D.U.M. 901 N FEDERAL HWY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, KELLY D.V.M. 901 N. FEDERAL HWY BOCA RATON, FL 33432
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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)(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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	2/14/05	561-391-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kelly Phillips D.V.M.	Date	Daytime Phone #