

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90010 042 \*\*\*150.00

DOCUMENT # L78519

1. Entity Name

PAUL E. ARNONE, D.V.M., P.A.



Principal Place of Business

C/O PAUL E. ARNONE  
7121 SOUTHEAST MARICAMP ROAD  
OCALA FL 34472

Mailing Address

SILVER SPRING SHORES ANIMAL HOSPITAL  
7121 SE MARIKAMP ROAD  
OCALA FL 34472



2. Principal Place of Business - No P.O. Box #

same

3. Mailing Address

same

Suite, Apt. #, etc.

7121 SE Maricamp Rd

Suite, Apt. #, etc.

7121 SE Maricamp Rd

1st MOORE

CR2E034 (10/06)

City & State

Ocala Fla

City & State

Ocala Fla

4. FEI Number

59-3019766

Applied For

Not Applicable

Zip

34472

Country

USA

Zip

34472

Country

USA

5. Certificate of Status Desired

same

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARNONE, PAUL E.  
7121 SE MARIKAMP ROAD  
OCALA FL 34472

7. Name and Address of New Registered Agent

Name ~~Paul E. Arnone DVM PA~~

Street Address (P.O. Box Number is Not Acceptable)

~~7121 SE Maricamp Rd~~

City

Ocala

FL

Zip Code

34471

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

~~Paul E. Arnone~~

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/07

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

TITLE D  
NAME ARNONE, PAUL E. D.V.M.  
STREET ADDRESS 3280 SE 56TH AVE  
CITY-ST-ZIP Ocala FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

~~Paul E. Arnone~~

1/27/07

352 687 3866

Date

Daytime Phone #