

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L91746**

1. Entity Name  
**EAST OAKLAND ANIMAL HOSPITAL, INC.**



Principal Place of Business  
**830 EAST OAKLAND PARK BLVD.  
SUITE 108  
FORT LAUDERDALE, FL 33334**

Mailing Address  
**830 EAST OAKLAND PARK BLVD.  
SUITE 108  
FORT LAUDERDALE, FL 33334**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0214304** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROZGONY, LISA D.V.M.  
830 EAST OAKLAND PARK BLVD.  
SUITE 108  
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000116157  
04/16/04-80053-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **DPV**  
NAME **ROZGONY, LISA D.V.M.**  
STREET ADDRESS **830 EAST OAKLAND PARK BL**  
CITY - ST - ZIP **FORT LAUDERDALE, FL**

TITLE **TS**  
NAME **ROZGONY, LISA D.V.M.**  
STREET ADDRESS **830 EAST OAKLAND PARK BL**  
CITY - ST - ZIP **FT LAUDERDALE FL,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(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:** Lisa Rozgonyi DM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04 954 561 3886  
Date Daytime Phone #