

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122007 REIN-P CR2E098 (1/07)

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800111450778  
10/29/07--01046--018 \*\$150.00 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Chapter 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:

*Lisa Rozgony* Lisa Rozgony

Date

Deputy's Phone #

10-15-07

954561  
3886

10/30/07