


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M07069 1. Entity Name CROSSROADS ANIMAL HOSPITAL AT KENDALL, INC.	
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Principal Place of Business 11622 S.W. 88TH STREET MIAMI, FL 33176	Mailing Address 11622 S.W. 88TH STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2482131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOCHMAN, ESQ, PETER
633 N. CHROME AVE
HOMESTEAD, FL 33030**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LERNER, IRVING M. 5901 MOSS RANCH RD. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LERNER, CINDY 5901 MOSS RANCH RD. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/25/05-80163-003 150.00

**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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving M. Lerner **IRVING M. LERNER** 4/19/05 305 279 2000
Date Daytime Phone if