

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M28577

FILED
Mar 29, 2004
Secretary of State

Entity Name: PEMBROKE LAKES ANIMAL HOSPITAL/SAMUEL STRAUSS D.V.M., P.A.

Current Principal Place of Business:

C/O SAMUEL STRAUSS
11210 S. PINES BLVD.
PEMBROKE PINES, FL 330264101

New Principal Place of Business:

Current Mailing Address:

C/O SAMUEL STRAUSS
11210 S. PINES BLVD.
PEMBROKE PINES, FL 330264101

New Mailing Address:

FEI Number: 59-2665858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUSS, SAMUEL
11210 S. PINES BLVD.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

STRAUSS, SAMUEL
11210 S. PINES BLVD.
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE:

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STRAUSS, SAMUEL,
Address: 10369 GROVE ST.
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL STRAUSS

DP

03/29/2004

Electronic Signature of Signing Officer or Director

Date