

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058690

FILED
Apr 29, 2004
Secretary of State

Entity Name: LAKE MARY COMPANION ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

3895 LAKE EMMA RD, STE 137
LAKE MARY, FL 32746

New Principal Place of Business:

3895 LAKE EMMA RD
SUITE 137
LAKE MARY, FL 32746

Current Mailing Address:

3895 LAKE EMMA RD, STE 137
LAKE MARY, FL 32746

New Mailing Address:

3895 LAKE EMMA RD
SUITE 137
LAKE MARY, FL 32746

FEI Number: 59-3654436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLNER, RICHARD A CPA
2917 W ST RD 434, STE 151
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

WOLLNER, RICHARD A CPA
2917 W ST RD 434
SUITE 151
LONGWOOD, FL 32779 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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SCOTT, BRIAN A
Address: 3895 LAKE EMMA ROAD SUITE 137
City-St-Zip: LAKE MARY, FL 32746

Title: ST () Delete
Name: SCOTT, NANCY F
Address: 3895 LAKE EMMA ROAD SUITE 137
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change () Addition
Name: SCOTT, NANCY F
Address: 3895 LAKE EMMA ROAD SUITE 137
City-St-Zip: LAKE MARY, FL 32746

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: BRIAN A SCOTT

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date