2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000114406

1. Entity Name
KELLY'S ANIMAL HOSPITAL OF ST. LUCIE WEST, INC.

Principal Place of Business	Mailing Address
150 NW CENTRAL PARK BLVD. PORT ST. LUCIE, FL 34986	150 NW CENTRAL PARK BLVD. PORT ST. LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1064394	Not Applicable

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

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

KELLY, PATRICK DVM
150 NW CENTRAL PARK PLAZA
PORT SAINT LUCIE, FL 34986

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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, 2007 Fee will be $550.00

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

U000000764169
05/30/07-80047-004 550.00

10.   OFFICERS AND DIRECTORS

TITLE	DR
NAME	KELLY, PATRICK
STREET ADDRESS	150 NW CENTRAL PARK BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986

TITLE	MRS
NAME	KELLY, CAROLYNN
STREET ADDRESS	150 NW CENTRAL PARK BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Patrick Kelly, DVM_ PATRICK KELLY DVM 5-10-07   772-336-8111
  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #