

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

**DOCUMENT # P01000046854**

1. Entity Name  
ROYAL PALM VETERINARY HOSPITAL, INC.



Principal Place of Business  
10353 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065

Mailing Address  
10353 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WEISS, ANDREW M  
2742 NW 86 WAY  
CORAL SPRINGS FL 33065

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, ANDREW M 2742 NW 86 WAY CORAL SPRINGS FL 33065-1	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 Section 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:** *Sonja R. Friedbauer, DVM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

4. FEI Number **65-1109403** Applied For ☐ Not Applied ☐

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

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02/08/06-80019-023 150.00

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