## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054759

1. Entity Name
DOC SYN'S VETERINARY CARE INC

| Principal Place of Business | Mailing Address |
|---|---|
| 22725 OVERSEAS HWY<br>SUGARLOAF KEY, FL 33042 | 19950 OVERSEAS HIGHWAY<br>SUGARLOAF KEY, FL 33042 |

# DO NOT WRITE IN THIS SPACE

04252006    No Chg-P    CR2E034 (11/05)

| 4. FEI Number<br>65-1123724 | Applied For |
|---|---|
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

SANDHUSEN, CYNTHIA
22725 OVERSEAS HWY
SUMMERLAND KEY, FL 33042

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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**<br>**After May 1, 2006 Fee will be $550.00** | 9. Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | U000000562819<br>05/19/06-80071-006  150.00 |
|---|---|---|---|

10.                OFFICERS AND DIRECTORS

| TITLE | P |
|---|---|
| NAME | SANDHUSON, CYNTHIA |
| STREET ADDRESS | 22725 OVERSEAS HWY |
| CITY-ST-ZIP | SUMMERLAND KEY, FL 33042 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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## IN THIS SPACE

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: _Cynthia Sandhusen DVM_  Cynthia Sandhusen 5-1-06    305 744-0074 Busi.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    " 872-9845 hm    Daytime Phone #