

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000071920**

1. Entity Name

VENTURA DOWNS ANIMAL HOSPITAL, INC.



Principal Place of Business

1914 E. OSCEOLA PKWY.  
KISSIMMEE, FL 34744

Mailing Address

1914 E. OSCEOLA PKWY.  
KISSIMMEE, FL 34744



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3732482

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, JOSE R  
1845 ISLEBROOK DR  
ORLANDO, FL 32824

**DO NOT WRITE  
IN THIS SPACE**

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

*Aida L Figueroa*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/12/08*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000827420  
02/21/08-80090-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FIGUEROA, JOSE R  
STREET ADDRESS 1845 ISLEBROOK DR  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE STD  
NAME FIGUEROA, AIDA L  
STREET ADDRESS 1845 ISLEBROOK DR  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*Aida L Figueroa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/08*  
Date

*407-348-3444*  
Daytime Phone #