

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90269 013 ***150.00

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1. Entity Name
MICHELE TRAVERS-GARCIA, D.V.M. P.A.



Principal Place of Business
 2200 NE 49TH ST
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 2200 NE 49TH ST
 LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business
4911 NE 23 AVE

3. Mailing Address
4911 NE 23 AVE

Suite, Apt. #, etc.

City & State
LHP, FL

City & State
LHP, FL

Zip
33064

Country
USA

Zip
33064

Country
USA



04202005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1146936

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEFKOWITZ, DENNIS S
2295 CORPORATE BLVD NW, SUITE 120
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
MICHELE TRAVERS

Street Address (P.O. Box Number is Not Acceptable)
4911 NE 23 AVE

City
LHP

State
FL

Zip Code
33064

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 *Michele Travers* DATE 4/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME TRAVERS-GARCIA, MICHELLE	
STREET ADDRESS 2200 NE 49TH ST	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAVERS, MICHELLE	
STREET ADDRESS 4911 NE 23 AVE	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Michele Travers* **MICHELE TRAVERS** DATE 4/18/05 DAYTIME PHONE # 954-295-2689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR