2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# P01000100650

Entity Name: DR. AMY'S ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

17579 ROCKEFELLER CIR.
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

17579 ROCKEFELLER CIR.
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 50-0008212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSECKER, AMY
18430 PIONEER RD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BOSECKER-GENTSCH, AMY
18430 PIONEER RD
FORT MYERS, FL 33908 US

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.

SIGNATURE: AMY K BOSECKER-GENTSCH 01/23/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOSECKER, AMY
Address: 18430 PIONEER RD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOSECKER-GENTSCH, AMY
Address: 18430 PIONEER RD
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY K BOSECKER-GENTSCH OWNE 01/23/2005
Electronic Signature of Signing Officer or Director Date