

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90107 014 ***550.00

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DOCUMENT # P01000100650

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



Principal Place of Business
**17579 ROCKEFELLER CIR.
FT. MYERS FL 33912**

Mailing Address
**17579 ROCKEFELLER CIR.
FT. MYERS FL 33912**



2. Principal Place of Business
17579 Rockefeller circle

3. Mailing Address
17579 Rockefeller circle

Suite, Apt. #, etc.
NONE

Suite, Apt. #, etc.
NONE

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number **65-0357493**

Applied For
Not Applicable

Zip
33912

Country
United States

Zip
33912

Country
United States

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOSECKER, AMY
18606 CEDAR DR. EAST
FT. MYERS FL 33912**

Name
Amy K. Bosecker

Street Address (P.O. Box Number is Not Acceptable)

18430 Pioneer Rd

City
Fort Myers, Florida FL

Zip Code
33908

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 **Amy K. Bosecker**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOSECKER, AMY
18606 CEDAR DR. EAST
FT. MYERS FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Bosecker, Amy
18430 Pioneer Rd
Fort Myers, FL-33908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Amy K. Bosecker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03

Date

239-332-8100
Daytime Phone #

CR2E034 (4/03)