

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90236 012 \*\*\*150.00

<b>DOCUMENT #</b> P01000101020	
1. Entity Name <b>LOVING CARE ANIMAL HOSPITAL, INC.</b> <i>PLEASE Note NAME Change: Edmond J. Ryan DVM</i>	
Principal Place of Business 2011 ENGLEWOOD RD ENGLEWOOD, FL 34223	Mailing Address 2011 ENGLEWOOD RD ENGLEWOOD, FL 34223



20043939



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1148109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RYAN, EDMOND  
2011 ENGLEWOOD RD  
ENGLEWOOD, FL 34223

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP RYAN, EDMOND 2011 ENGLEWOOD RD ENGLEWOOD, FL 34223
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IN THIS SPACE**

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:** *Edmond J. Ryan DVM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/3/05* *941-4747771*  
Date Daytime Phone #