

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000103804**

1. Entity Name

ALL CARE ANIMAL HOSPITAL, P.A.



Principal Place of Business

504 SOUTH HIGHWAY 27  
MINNEOLA, FL 34755

Mailing Address

POST OFFICE BOX 59  
MINNEOLA, FL 34755

**DO NOT WRITE IN THIS SPACE**



03032006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3756087

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAGROCKI, DWAIN E  
504 SOUTH HIGHWAY 27  
MINNEOLA, FL 34755

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10.

OFFICERS AND DIRECTORS

TITLE	P
NAME	ZAGROCKI, DWAIN E
STREET ADDRESS	504 S HWY 27
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	VP
NAME	ZAGROCKI, LAURA
STREET ADDRESS	504 S HWY 27
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525137  
05/04/06-80019-007 300.00

**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:**

*Dwain E Zagrocki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-06

Date

352-394-7444

Daytime Phone #