

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000106744

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** LITTLE ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

11014 LITTLE RD.  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

11014 LITTLE RD.  
NEW PORT RICHEY, FL 34654 US

**Current Mailing Address:**

11014 LITTLE RD.  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

11014 LITTLE RD.  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 37-1430647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STERLING, PATRICIA A  
11014 LITTLE RD  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

COX, THERESA L P  
5249 SEA FOREST DRIVE  
NEW PORT RICHEY, FL 34652 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: THERESA L. COX

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: COX, THERESA L  
Address: 8830 BASS LAKE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P ( ) Delete  
Name: STERLING, PATRICIA A  
Address: 11014 LITTLE RD.  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COX, THERESA L P  
Address: 5249 SEA FOREST DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S (X) Change ( ) Addition  
Name: STERLING, PATRICIA A S  
Address: 8830 BASS LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THERESA L. COX

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date