


2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/10/2004-90029-023-\$100.00-\$100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 5:21

DOCUMENT # P02000030469	
1. Entity Name HAMMOCKS VETERINARY HOSPITAL, INC.	

Principal Place of Business 10201 HAMMOCKS BLVD. 103 MIAMI, FL 33196	Mailing Address 10201 HAMMOCKS BLVD. 103 MIAMI, FL 33196
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03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0055909	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JENNIFER S. HEW, D.V.M. 25125 SW 192ND. HOMESTEAD, FL 33031

**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 relevant.)

400035778104

05/07/04-01066-6401-4450.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400000080782 A.H.
03/08/04-20123-013-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HEW, JENNIFER S 25125 SW 192ND AVE. HOMESTEAD, FL 33031
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER S. HEW DVM

Date

3/5/04

Daytime Phone #

305-388-0880