


**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      Mailing Address  
10201 HAMMOCKS BLVD.      10201 HAMMOCKS BLVD.  
103      103  
MIAMI, FL 33196      MIAMI, FL 33196

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03042004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
30-0055909       Not Applicable

5. Certificate of Status Desired       \$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  
03/07/04-01056-0401 \$450.00

**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

40000000782 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  JENNIFER S. HEW DVM      3/5/04      305-388-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #