


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-23-2005 90022 043 ***150.00

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| DOCUMENT # P02000055694 1. Entity Name CROSS CREEK ANIMAL MEDICAL CENTRE, INC. |  |
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| Principal Place of Business 10028 CROSS CREEK BLVD TAMPA, FL 33647 | Mailing Address 10028 CROSS CREEK BLVD TAMPA, FL 33647 |
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00013140



03122005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 37-1430772 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HODGE, TIMOTHY D 18212 TALDECO PLAZA TAMPA, FL 33647 |
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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, 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 | P HODGE, TIMOTHY 10028 CROSS CREEK BLVD TAMPA, FL 33647 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTINEZ, EDWIN 10028 CROSS CREEK BLVD TAMPA, FL 33647 |
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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 affidavit with all other like empowered.

SIGNATURE:

 **EDWIN MARTINEZ**
NON-TRANSFERABLE TYPEWRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 813-994-6929
Date Daytime Phone #