

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000059976

1. Entity Name
COUNTRYSIDE VETERINARY CARE, P.A.



Principal Place of Business
1250 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030

Mailing Address
1250 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0616051
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAKS, DEBORAH R
7103 SW 102ND AVENUE
STE A
MIAMI, FL 33173

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000256504
03/09/05-80008-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GREENE, ARTHUR L DVM
STREET ADDRESS 1250 NORTH FLAGLER AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE D
NAME WAKS, DEBORAH R
STREET ADDRESS 1250 NORTH FLAGLER AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE
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CITY-ST-ZIP

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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)(f), 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

Date

Daytime Phone #

Arthur L. Greene

3-3-05 (305) 247-3845