

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90027 038 ***150.00

DOCUMENT # P02000081481

1. Entity Name
ANIMAL HOSPITAL AT LAKEWOOD RANCH, INC.



Principal Place of Business
**2821 BEE RIDGE ROAD
SARASOTA FL 34239**

Mailing Address
**2821 BEE RIDGE ROAD
SARASOTA FL 34239**

2. Principal Place of Business
10930 SR 70 EAST

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
BRADENTON FL

Zip
34202

Country
USA

4. FEI Number
51-0425985

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ULRICH, RICHARD A
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name
Dr. Adam Cohen

Street Address (P.O. Box Number is Not Acceptable)
10930 SR 70 EAST

City
Bradenton

FL Zip Code
34202

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 _____ DATE **2/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ADAM T 2821 BEE RIDGE ROAD SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Adam T. Cohen 10930 SR 70 EAST BRADENTON FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Dr. Adam T. Cohen** DATE **2/12/04** DAYTIME PHONE # **941 922 0774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR