

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2005 90019 021 ***150.00

DOCUMENT # P04000013945

1. Entity Name
FLORESTA ANIMAL HOSPITAL, INC.



Principal Place of Business
**5435 PINE TREE ROAD
POMPANO BEACH, FL 33067**

Mailing Address
**5435 PINE TREE ROAD
POMPANO BEACH, FL 33067**

50006530



2. Principal Place of Business

4959 Le Chalet Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State
Baynton Beach, FL

City & State

4. FEI Number

20-0647843

Applied For

Not Applicable

Zip
33436

Country
Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, JEAN M.
5435 PINE TREE ROAD
POMPANO BEACH, FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$350.00**

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 **PDS** ☐ Delete
NAME **BURNS, JEAN M**
STREET ADDRESS **5435 PINE TREE ROAD**
CITY-ST-ZIP **POMPANO BEACH, FL 33067**

TITLE **VP** ☐ Change ☒ Addition
NAME **DURHAM, CHRIS J**
STREET ADDRESS **5435 PINE TREE RD**
CITY-ST-ZIP **POMPANO BEACH, FL 33067**

TITLE **VP** ☐ Delete
NAME **BLOCK, MICHAEL**
STREET ADDRESS **3652 N ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Jean M. Burns

1-22-05 501 7313600