

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023532

FILED
Apr 26, 2005
Secretary of State

Entity Name: CENTRAL PARK ANIMAL CLINIC, P.A.

Current Principal Place of Business:

10013 CLEARY BLVD
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

1931 N. PINE ISLAND RD.
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 65-0410368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMWELL, LORI
1931 N PINE ISLAND RD
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAUMWELL, PETER
Address: 1931 N PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33322

Title: DVP () Delete
Name: WEST, CYNTHIA L.
Address: 10013 CLEARY BLVD
City-St-Zip: PLANTATION, FL

Title: TS () Delete
Name: BAUMWELL, LORI
Address: 1931 N PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BAUMWELL, LORI
Address: 1931 N. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33322

Title: TS (X) Change () Addition
Name: BAUMWELL, LORI
Address: 1931 N. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI BAUMWELL

DVP

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date