## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000023532

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

US

FILED Jun 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10013 CLEARY BLVD PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

1931 N. PINE ISLAND RD.
PLANTATION, FL 33322 US
10013 CLEARY BLVD.
PLANTATION, FL 33324 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAUMWELL, LORI
1931 N PINE ISLAND RD
PLANTATION, FL 33322 US
BAUMWELL, LORI
10013 CLEARY BLVD
PLANTATION, FL 33324 US

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: LORI BAUMWELL 06/23/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: BAUMWELL, PETER BAUMWELL, PETER

 Name:
 BAUMWELL, PETER
 Name:
 BAUMWELL, PETER

 Address:
 1931 N PINE ISLAND RD
 Address:
 10013 CLEARY BLVD

 City-St-Zip:
 PLANTATION, FL 33322
 City-St-Zip:
 PLANTATION, FL 33324

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 BAUMWELL, LORI
 Name:
 BAUMWELL, LORI

 Address:
 1931 N. PINE ISLAND ROAD
 Address:
 10013 CLEARY BLVD

 City-St-Zip:
 PLANTATION, FL 33322
 City-St-Zip:
 PLANTATION, FL 33324

Title: TS ( ) Delete Title: TS (X) Change ( ) Addition

 Name:
 BAUMWELL, LORI
 Name:
 BAUMWELL, LORI

 Address:
 1931 N. PINE ISLAND ROAD
 Address:
 10013 CLEARY BLVD

 City-St-Zip:
 PLANTATION, FL 33322
 City-St-Zip:
 PLANTATION, FL 33324

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 06/23/2005