

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058984

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: NORTH SHORE ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

1230 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

## New Principal Place of Business:

14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903 US

## Current Mailing Address:

1230 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

## New Mailing Address:

14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903

FEI Number: 65-0433561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SENSEMAN-KINCADE, TERESA A  
1230 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

SENSEMAN-KINCADE, TERESA A  
14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903 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: TERESA A. SENSEMAN-KINCADE

07/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SENSEMAN, LOIS ANN  
Address: 1230 NO TAMIAMI TR  
City-St-Zip: NO FT MYERS, FL 33903

Title: D ( ) Delete  
Name: SENSEMAN, SHARON J  
Address: 1230 NORTH TAMIAMI TRAIL  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: SENSEMAN-KINCADE, TERESA ANN  
Address: 1230 N TAMIAMI TR  
City-St-Zip: N FT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SENSEMAN, LOIS ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: SENSEMAN, SHARON J  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: SENSEMAN-KINCADE, TERESA ANN  
Address: 14487 N. CLEVELAND AVENUE  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: TERESA A. SENSEMAN-KINCADE

D

07/01/2005

Electronic Signature of Signing Officer or Director

Date