

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023286

FILED
Apr 28, 2005
Secretary of State

Entity Name: PINES WEST ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

18419 PINES BLVD
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0508305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTOR, SAMUEL J
6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON, FL 33487 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: P () Delete
Name: BERG, STEVEN
Address: 18419 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: MEACHAN, LORI
Address: 18419 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEVEN BERG

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date