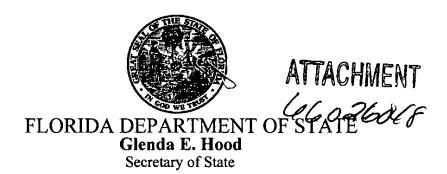
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AL

## Aug 19, 2005 8:00 am Secretary of State **DGCUMENT # P94000053961** 07-25-2005 90099 033 \*\*\*150.00 PET CARE ANIMAL HOSPITAL, INC. Principal Place of Business Mailing Address 8165 GLADES RD. BOCA RATON FL 8165 GLADES RD. BOCA RATON FL OPUGOUSO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0516555 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PION, PETER Street Address (P.O. Box Number is Not Acceptable) 8165 GLADES ROAD **BOCA RATON FL 33434** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delate TITLE ☐ Change Addition NAME PION, PETER NAME 8165 GLADES RD. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP **BOCA RATON FL** CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SERFEI ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-74P CITY-ST-7IP TITLE O Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7/P HILE ☐ Delete Addition TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHTY-S1-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or turstee emporchanged, or on an attachment with an address. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

**FILED** 



July 28, 2005

PET CARE ANIMAL HOSPITAL, INC. 8165 GLADES RD. BOCA RATON, FL

Subject: PET CARE ANIMAL HOSPITAL, INC.

Reference Number:

P94000053961

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION



Fla Dept of State:

We have received Annual report

Avotice which I percent told the

Person who sent us the Form. We

have plund of paid the fee immediated
when receiving the notice. Peace

Accept provious check for 150.

Sincerel Peter Pion DUM