

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011510

Entity Name: FLORIDA CAT HOSPITAL, INC.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

7601 DELLA DR
STE 17
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7601 DELLA DR
STE 17
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3363284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELMAN, DIANE M
6638 PARSON BROWN CT
ORLANDO, FL 32819 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: DELMAIN, DIANE
Address: 6638 PARSON BROWN CT
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: DELMAIN, K SCOTT
Address: 6638 PARSON BROWN CT
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELMAIN, DIANE
Address: 6638 PARSON BROWN CT
City-St-Zip: ORLANDO, FL 32819

Title: V (X) Change () Addition
Name: DELMAIN, K SCOTT
Address: 6638 PARSON BROWN CT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIANE M. DELMAIN

P

01/29/2007

Electronic Signature of Signing Officer or Director

Date