

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000031423

1. Entity Name

ABA ABRAAM ANIMAL HOSPITAL, CORP.



Principal Place of Business

4909 EHRLICH RD
TAMPA, FL 33624

Mailing Address

4909 EHRLICH RD
TAMPA, FL 33624



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3372652

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOLOS, RIFAT B
4909 EHRLICH ROAD
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000429710
02/22/06-80019-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLOS, RIFAT B DR.
STREET ADDRESS	4909 EHRLICH ROAD
CITY- ST- ZIP	TAMPA, FL 33624
TITLE	VP
NAME	BOLOS, MAGDA S
STREET ADDRESS	4909 EHRLICH ROAD
CITY- ST- ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/06