

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 022 ***150.00

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1. Entity Name
INTRACOASTAL ANIMAL HOSPITAL, P.A.



Principal Place of Business
18175 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469

Mailing Address
18175 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469

6
PO Box 3275
Tequesta, FL 33469-1004



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0690703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAFT, DAVID W
3418 POINSETTIA AVE
WEST PALM BEACH, FL 33407

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEZNER, GERALD A
STREET ADDRESS 18175 S.E. FEDERAL HWY.
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE T
NAME BEZNER, MARTHA J
STREET ADDRESS 18175 S.E. FEDERAL HWY.
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Martha Beznar Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 561-746-0308
Date Daytime Phone #