

SENT BY: ACCOUNTING FIRM;

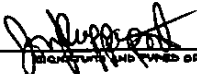
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FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90971 009 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000060437 1. Entity Name SILVER LAKES ANIMAL HOSPITAL, INC.					
Principal Place of Business 17780 SW 2ND STREET PEMBROKE PINES, FL 33029			Mailing Address 19501 BISCAYNE BLVD #400 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. # etc.		3. Mailing Address Suite, Apt. # etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 65-0680866	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOFFER, MARSHA 19501 BISCAYNE BLVD # 400 MIAMI, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering.)				10. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPPAPORT, JON J D.V.M. 19501 BISCAYNE BLVD. #400 AVENTURA, FL 33180			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as 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: 				4-28-05 305-933-5573	

40076234



01062005 Chg-P CR2E034 (10/03)

65-0680866	Applied For
	Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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Name	City
Street Address (P.O. Box Number is Not Acceptable)	FL Zip Code

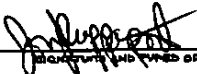
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