## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P97000058919 1. Entity Name						03-23-2005 90024 021 ***150.00				
ARCH GO	ORDON DVM, Þ.A.					7				
Principal Plac	e of Business	Maili	ng Address			7	000105	100		
2801 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308			2801 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308			66010768				
2. Principal P	lace of Business	3. Ma	ailing Address	<del></del>	·	-				
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			1s	MOORE	CR2E034	(10/04)	11192) W PASS
City & State			City & State		4. FEI Numb	65-0768239			oplied For ot Applicable	
Zip	Country	Zip	<b>)</b>	Coun	try	5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Require	
	6. Name and Address	e of Current Register	red Agent	J		7. Name and	Address of New R			
			<del>-</del>	+	. Name		"			
KIPNIS, ALAN G ONE FINANCIAL PLAZA SUITE 2308 FORT LAUDERDALE FL 33394					Street Address (P.O. Box Number is Not Acceptable)					
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	l <del>o</del>
	named entity submits this tions of registered agent.	s statement for the pur	pose of changing its	register	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. I am :	lamiliar with,	and accept
SIGNATURE .	Signature, typed or provied name o	of registered agent and title if a	pplicable. (MOI	E Registere	upes wutenger snegA b	red when revisiting)		DATE		·
After	ILE NOW!!!; FEE IS May 1, 2005 Fee Will k Payable to Florida De	Be \$550.00					9. Election Campa Trust Fund Conf			OO May Be ed to Fees
After	May 1, 2005 Fee Will k Payable to Florida De	Be \$550.00	ORS	11.		ADDITIONS		ribution.	☐ Add	ed to Fees
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Horida 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:

Arik Goran

954-

Davierne Phos