



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90034 038 \*\*\*150.00

<b>DOCUMENT # P98000014642</b> 1. Entity Name <b>KATHLEEN ANIMAL HOSPITAL, INC.</b>					
Principal Place of Business <b>6315 KATHLEEN RD. LAKELAND, FL 33810-1943</b>			Mailing Address <b>6315 KATHLEEN RD. LAKELAND, FL 33801</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P O BOX 445</b> Suite, Apt. #, etc.			
City & State City: <b>KATHLEEN</b> State: <b>FL</b>		4. FEI Number <b>59-3492806</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip: <b>33849-0445</b> Country: <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WEIRATHER, ANTHONY D 6315 KATHLEEN ROAD LAKELAND, FL 33810</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEIRATHER, ANTHONY DR. 6315 KATHLEEN RD. LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEIRATHER, PAMELA M 6315 KATHLEEN ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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.					
<b>SIGNATURE:</b> <u>Anthony Weirather</u> <b>ANTHONY WEIRATHER, DVM</b> <u>2/24/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					