

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90253 001 \*\*\*211.25

**DOCUMENT # P98000018496**

1. Entity Name

SPRING OAKS ANIMAL HOSPITAL, INC.



Principal Place of Business

152 MCGREGOR ROAD  
DELAND FL 32720

Mailing Address

152 MCGREGOR ROAD  
DELAND FL 32720

00001434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-3496057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALSHOUSE, PAULA  
2489 S. WOODLAND BLVD.  
DELAND FL 32720

Name Alshouse Paula

Street Address (P.O. Box Number is Not Acceptable)

152 McGregor Road

City DeLand

**FL**

Zip Code 32720

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

Paula H. Alshouse

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/23/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ALSHOUSE, PAULA  
STREET ADDRESS 1150 PRESSLY CIRCLE  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME ALSHOUSE, ALAN W  
STREET ADDRESS 1150 PRESSLY CIRCLE  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paula H. Alshouse Paula H Alshouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

Date

386-736-6747

Daytime Phone #