


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90966 026 ***150.00

DOCUMENT # P98000024473 1. Entity Name ALTON ROAD ANIMAL HOSPITAL JON J. RAPPAPORT, P.A.	
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Principal Place of Business 1828 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 19501 BISCAYNE BLVD #400 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0821135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOFFER, MARSHA 19501 BISCAYNE BLVD #400 AVENTURA, FL 33180
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAPPAPORT, JON J D.V.M. 19501 BISCAYNE BLVD., #400 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-28-05 305 933 5573 <small>Date Daytime Phone #</small>
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