## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2005 8:00 am Secretary of State

DOCUMENT # P98000052876						} ,	02-10-2005 90	052 029	***150.0	00
SOUTHSIDE VETERINARY HOSPITAL, INC.						<del>=</del>	. <b>_</b> 10 <b>_</b> 000 90	3 <b>02</b> 3 <b>2</b> 3	1000	
Principal Plac	e of Busines	s	Mailing Address			†		,		400
935 36TH C VERO BEACH		3	935 36TH CT SW VERO BEACH, FL 329	935 36TH CT SW VERO BEACH, FL 32968				•	50013	122
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numbe 59-3510			<u> </u>	pplied For ot Applicable	
Zip Country		Zip			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New R	gistered	Agent	
KILPATRICK, DAVID S 935 36TH CT SW				•		P.O. Box Numbe	er is Not Acceptable	)		
VERO BE		32968				<u> </u>				
-	<u>-</u> -			,	City			- FL	Zip Code	в
	named entit tions of regis		or the purpose of changing its	registere	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agen	t and title if applicable. (NO)	E: Registered	d Agent signature required	i when reinstating)		DATE		
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
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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 attach prent with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF BINNING OFFICER OR DIRECTOR

2/1

(112)562-7845