

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90002 041 ***150.00

DOCUMENT # P99000014914

1. Entity Name
ANIMAL EMERGENCY CLINIC OF BRANDON, INC.



Principal Place of Business
**757 WEST BRANDON BOULEVARD
BRANDON, FL 33511**

Mailing Address
**757 WEST BRANDON BOULEVARD
BRANDON, FL 33511**



2. Principal Place of Business
**LUMSDEN EXECUTIVE PARK
Suite, Apt. #, etc.
693 W. LUMSDEN Rd
City & State
Brandon, FL
Zip
33511
Country
Hillsborough**

3. Mailing Address
**LUMSDEN EXECUTIVE PARK
Suite, Apt. #, etc.
693 W. LUMSDEN Rd
City & State
Brandon, FL
Zip
33511
Country
Hillsborough**

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3614871

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EDENFIELD, MICHAEL S
206 MASON STREET
BRANDON, FL 33511**

7. Name and Address of New Registered Agent
Name
Michael J. McDermott, P.A.
Street Address (P.O. Box Number is Not Acceptable)
791 W. Lumsden Rd
City
Brandon FL Zip Code
33511

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: DATE: **1-27-04**

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PDST OTERO, DANIEL 757 W BRANDON BOULEVARD BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST OTERO, DANIEL 693 W. LUMSDEN RD BRANDON, FL 33511 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Daniel Otero** **DANIEL OTERO** **1/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #