2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35537

FILED Feb 22, 2009 Secretary of State

Entity Name: ANIMAL HOSPITAL OF BOCA RATON, INC.

Current Principal Place of Business:		New Principal Place of Business:		
9912 GLAI BOCA RA	DES RD TON, FL 33434	US		
Current M	lailing Address:	:	New Mailing Addres	s:
9912 GLAI	DES RD			
	TON, FL 33434	US		
FEI Number	: 65-0344524	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:
18783 L'OI	LBERT DVM NG LAKE DRIVE TON, FL 33496	US		
	•			
The above	named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above	e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,
The above in the State	e of Florida. RE:	bmits this statement for the signature of Registered Ag		ed office or registered agent, or both,
The above in the State SIGNATUI	e of Florida. RE: Electronic			
The above in the State SIGNATUI	e of Florida. RE: Electronic	Signature of Registered Ag	ent	
The above in the State SIGNATUI	e of Florida. RE: Electronic mpaign Financing 1	Signature of Registered Ag rust Fund Contribution (). DRS: elete E DRIVE	ent	Date
The above in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electronic mpaign Financing 1 S AND DIRECTO P ()D ALBERT, ANGEL 18783 LONG LAK	Signature of Registered Ag Frust Fund Contribution (). DRS: elete E DRIVE . 33496 elete EAN BLVD #603	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT ANGEL PRES 02/22/2009