2004 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # M19082 . . . 1. Entity Name SHADOWOOD ANIMAL CLINIC INC. Principal Place of Business Mailing Address 9531 CLINT MOORE RD 9531 CLINT MOORE RD BOCA RATON, FL 33496 BOCA RATON, FL 33496 US 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2596002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUTZER, LESLIE** DO NOT WRITE 9531 CLINT MOORE RD BOCA RATON, FL 33496 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. Signature, typed or printed name of registered agent and title if applicable (FIOTE. Registered Agent signature required when reinstating) U000000077691 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 03/05/04-80054-002 150.00 Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PDS BUTZER, LESLIE NAME STREET ADDRESS 9531 CLINT MOORE RD. CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with

NAME STREET ADDRESS CITY-ST-ZIP