


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90020 014 \*\*\*150.00

**DOCUMENT # P04000147165**

1. Entity Name  
**MANN & BEAST ANIMAL HOSPITAL, INC.**



Principal Place of Business      Mailing Address  
**PMB 160 - 6671 W INDIANTOWN RD - STE 56**      **PMB 160 - 6671 W INDIANTOWN RD - STE 56**  
**JUPITER, FL 33458-3984**      **JUPITER, FL 33458-3984**

**20064138**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07102005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-1850942**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT ESQ**  
**650 W INDIANTOWN RD - STE 200**  
**JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name      **SCOTT KRAMER, ESQ**

Street Address (P.O. Box Number is Not Acceptable)  
**650 W INDIANTOWN RD**

**STE 200**

City      **JUPITER**      FL      Zip Code      **33458**

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:       **SCOTT KRAMER**      **7/12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

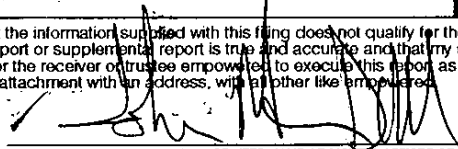
10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MANN, JOHN</b>
STREET ADDRESS	<b>PMB 160 - 6671 W INDIANTOWN RD - STE 56</b>
CITY-ST-ZIP	<b>JUPITER, FL 334583984</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:       **John Mann D.V.M.**      **7-12-05**      **(561) 676-8203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #