


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000087183

1. Entity Name
SHAFFER ANIMAL HOSPITAL, P.A.



Principal Place of Business Mailing Address

1475 E MITCHELL HAMMOCK **1475 E MITCHELL HAMMOCK**
OVIEDO, FL 32765 **OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3537538 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHAFFER, KENDRA W
1475 E MITCHELL HAMMOCK
OVIEDO, FL 32765

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

FILE NOW!!! FEE IS \$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**

000000115538
 04/16/04-80028-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAFFER, JEFFREY DVM
STREET ADDRESS	4501 CHULUOTA ROAD
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	ST
NAME	SHAFFER, KENDRA W D.V.M.
STREET ADDRESS	4501 CHULUOTA ROAD
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: Kendra Shaffer Kendra Shaffer ST 4/13/04 407-366-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #