

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90003 023 ***150.00

DOCUMENT # 370835
 1. Entity Name
DAVIE-VETERINARY CLINIC, INC.



Principal Place of Business Mailing Address
 5490 STIRLING ROAD 5490 STIRLING ROAD
 FORT LAUDERDALE FL 33314-7457 FORT LAUDERDALE FL 33314-7457
 US US

94008078



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1908 N. PARK RD *1908 N. PARK RD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLLYWOOD, FLA *HOLLYWOOD, FLA*
 Zip Country Zip Country
33021 *BROWARD* *33021* *BROWARD*

4. FEI Number Applied For
59-1304551 Not Applicable

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

6. Name and Address of Current Registered Agent
AYCOCK, JAMES F
 5490 STIRLING RD
 FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent
 Name: *JAMES F. AYCOCK DVM*
 Street Address (P.O. Box Number is Not Acceptable):
1908 N. PARK RD
 City: *HOLLYWOOD* FL Zip Code: *33021*

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: *James F. Aycock DVM* *JAMES F. AYCOCK DVM* DATE: *27 JAN. 2004*
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AYCOCK, JAMES F	
STREET ADDRESS	5490 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AYCOCK, JOHN	
STREET ADDRESS	5490 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James F. Aycock DVM* DATE: *27 JAN. 2004* DAYTIME PHONE #: *(954) 989-8393*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR