


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 A
Secretary of State

DOCUMENT # 436922 1. Entity Name MAY ANIMAL HOSPITAL, INC.	
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Principal Place of Business 4645 HWY 92 W. PLANT CITY, FL 33563	Mailing Address 4645 HWY 92 W. PLANT CITY, FL 33563
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DO NOT WRITE IN THIS SPACE	
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01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1493664	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MICHAEL A. MARKS, DVM 4645 HWY 92 W. PLANT CITY, FL 33563	

DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	MARKS, MICHAEL A DVM	
STREET ADDRESS	4645 HWY 92 W.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	VPD	
NAME	LEWIS, STEVEN C DVM	
STREET ADDRESS	7193 E HIGH ST.	
CITY-ST-ZIP	LOCKPORT, NY 14094	
TITLE	SD	
NAME	MARKS, MICHAEL A DVM	
STREET ADDRESS	4645 HWY 92 W.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	TD	
NAME	MARKS, MICHAEL A DVM	
STREET ADDRESS	4645 HWY 92 W.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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03/28/06-80003-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michael A. Marks</u> Michael A. Marks DVM	Date <u>8/3 752</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>