2007 FOR PROFIT CORPORATION

FILED

| DOCUMENT # 616656 1. Entity Name ROBERT J. GREENWALD, D.V.M., P.A. Principal Place of Business 2000 S TAMIAMI TRAIL VENICE, FL 34293 DO NOT WRITE IN THIS SPACE 03082007 | ANNUAL REPORT | | | | Mar 26, 2007 08:00 | | | |
|--|--|------------------------------------|-----------------------|-----------------------------------|--------------------------------|--|---|--|
| Principal Place of Business 2000 S TAMIAMI TRAIL VENICE, FL 34293 **No ChgP** CR2E034 (11/05) **DO NOT WRITE IN THIS SPACE** **DO NOT WRITE IN THIS SPACE** **S. Test Number Syn 1934226** **S. Test Number Syn 1934226 | | | | | 56 | ecretary of | State | |
| DO NOT WRITE IN THIS SPACE A. FEI Number S9-1934226 Not Applied FS Not Appl | | | | | | | | |
| DO NOT WRITE IN THIS SPACE Applied Fr. Sp. 1934226 No. Chg.P CR2E034 (11/05) | 2000 S TAMIAMI TRAIL | 2000 S TAMIAMI TRAIL | | |) | IJ AIDRI DJUIK AIDRI DRAII DIOI I DRAI | | |
| 6. Name and Address of Current Registered Agent GREENWALD, ROBERT J 2000 S TAMIAMI TRAIL VENICE, FL 34293 B. 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 acc the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OF | DO NOT WRITE I | N THIS SPA | CE | 03082007 4. FEI Numb 59-193 | No Chg-P er 422 6 | CR2E034 (11/05) | oplied For ot Applicable litional | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITTLE PD NAME GREENWALD, ROBERT J STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 TITLE STREET ADDRESS CITY-SI-ZIP VENICE, FL 34293 TITLE T NAME GREENWALD ADAM J STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A | GREENWALD, ROBERT J 2000 S TAMIAMI TRAIL VENICE, FL 34293 8. The above named entity submits this statement for the | | ed office or req | IN ⁻ | THIS SF | PACE | and accept | |
| After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITITE PD GREENWALD, ROBERT J 2000 S. TAMIAMI TR. CITY-ST-ZIP VENICE, FL 34293 ITITE STREEL ADDRESS CITY-ST-ZIP VENICE, FL 34293 ITITE STREEL ADDRESS CITY-ST-ZIP VENICE, FL 34293 ITITE T GREENWALD ADAM J 2000 SOUTH TAMIAMI TRAIL DO NOT WPITE | | tle d applicable. (NQTE: Registere | ed Agent signature re | equired when reinstating) | | DATE | | |
| TITLE PD NAME GREENWALD, ROBERT J STREET ADDRESS NAME NUTTER FRED L STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 TITLE S NAME NUTTER FRED L 2000 S. TAMIAMI TR. UD0000677952 UV0000677952 UV0000677952 UV0000677952 TITLE T GREENWALD ADAM J 2000 SOUTH TAMIAMI TRAIL DO NOT WPITE | | | | | | | **** | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NUTTER FRED L STREET ADDRESS CITY-ST-ZIP TITLE T GREENWALD ADAM J 2000 SOUTH TAMIAMI TRAIL VENICE, FL 34293 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ECTORS | | _ | NOT W | /RITE | 150.00 | |

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 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP

> at Theen D Bob A T Crenueld
> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR March 23, 07

Daytime Phone #