2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

SIGNATURE:

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # F39081 1. Entity Name 02-18-2008 90008 028 ***150.00 HERBERT WILLIAM FREEL, D.V.M., P.A. Principal Place of Business Mailing Address 13938 HWY 441 13938 HWY 441 SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2915 Marion 2915 Marion Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2232089 JeirsDal WeirsDale Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32195 32195 usa 45A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent erbert William FREEL, HERBERT WILLIAM Street Address (P.O. Box Number is Not Acceptable) 13938 HWY 441 SUMMERFIELD FL 34491 RD ₩. ja. 1 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, typed or craited namin of registried abent and life Tamplicatio. (NOTE: Registered Agant agentury required when reinstating DATE FILE NOW!!! FEE IS:\$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change TITLE ☐ Detete TITLE Addition EREEL Henberr W. FREEL, HERBERT W NAME NAME 2915 Marion county 2) 13938 HWY 441 STREET ADORESS STREET ADDRESS CITY-ST-782 SUMMERFIELD FL 34491 CITY-ST-ZIP ☐ Delete TITLE Change TITLE ■ Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70 TITLE Delete TITLE ☐ Change Addition HAME HAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS QUY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

FILED