

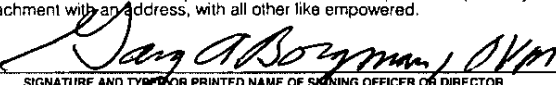


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 014 ***150.00

DOCUMENT # F92732 1. Entity Name KISSIMMEE ANIMAL HOSPITAL, INC.																			
Principal Place of Business 403 EAST VINE STREET KISSIMMEE, FL 34744			Mailing Address 403 EAST VINE STREET KISSIMMEE, FL 34744																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 717 East Oak Street		 02242005 Chg-P CR2E034 (10/03)															
City & State		City & State Kissimmee, FL																	
Zip Country		Zip Country 34744 US																	
4. FEI Number 59-2220547		Applied For Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BORGMAN, GARY A. 403 EAST VINE STREET KISSIMMEE, FL 34744															
7. Name and Address of New Registered Agent																			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> DP BORGMAN, GARY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> DST BORGMAN, JOY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> V BORGMAN, WESLEY 403 EAST VINE ST KISSIMMEE, FL 34744 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> V BORGMAN, JENNIFER 403 EAST VINE ST KISSIMMEE, FL 34744 </td> <td style="padding: 2px;"> XX Delete </td> </tr> <tr> <td style="padding: 2px;"> V BORGMAN, JEFFREY 403 EAST VINE ST KISSIMMEE, FL 34744 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORGMAN, GARY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744	<input type="checkbox"/> Delete	DST BORGMAN, JOY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744	<input type="checkbox"/> Delete	V BORGMAN, WESLEY 403 EAST VINE ST KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	V BORGMAN, JENNIFER 403 EAST VINE ST KISSIMMEE, FL 34744	XX Delete	V BORGMAN, JEFFREY 403 EAST VINE ST KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP																		
DP BORGMAN, GARY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744	<input type="checkbox"/> Delete																		
DST BORGMAN, JOY A 403 EAST VINE ST KISSIMMEE, FL 00000, 34744	<input type="checkbox"/> Delete																		
V BORGMAN, WESLEY 403 EAST VINE ST KISSIMMEE, FL 34744	<input type="checkbox"/> Delete																		
V BORGMAN, JENNIFER 403 EAST VINE ST KISSIMMEE, FL 34744	XX Delete																		
V BORGMAN, JEFFREY 403 EAST VINE ST KISSIMMEE, FL 34744	<input type="checkbox"/> Delete																		
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete																		
Jeffrey Highbarger																			
XX Change <input type="checkbox"/> Addition																			
<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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:  MARCH 17, 2005 407 846 3912 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																			