


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # G11716
 1. Entity Name
JAMES A. KANZLER, D.V.M., P.A.



Principal Place of Business
**2910 MANATEE AVE WEST
 BRADENTON, FL 34205**

Mailing Address
**2910 MANATEE AVE WEST
 BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-2238646 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
**KANZLER, JAMES A., D.V.M.
 2910 MANATEE AVENUE WEST
 BRADENTON, FL 34205**

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 _____ DATE _____
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, 2008 Fee will be \$550.00

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

000000795375
 01/28/08-80045-011-150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST KANZLER, JAMES A., D.V.M 628 HILLCREST DRIVE BRADENTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VONDRASEK, DENISE M DVM 2910 MANATEE AVE WEST BRADENTON, FL 34205 |
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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 empowerments.

SIGNATURE: J.A. KANZLER DVM  **19 Jan 08** **9417482637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #