2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# G86982

Entity Name: WESTLAKE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

39564 US 19 NORTH
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

39564 US 19 NORTH
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2372575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEAGAN, DENNIS E
39564 U.S. 19 NORTH
TARPON SPRINGS, FL 33589

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEAGAN, DENNIS,
Address: 39564 U.S. 19 NORTH
City-St-Zip: TARPON SPRINGS, FL

Title: S ( ) Delete
Name: HASSELL, BYRON,
Address: 39564 U.S. 19 NORTH
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DENNIS GEAGAN P 02/26/2004

Electronic Signature of Signing Officer or Director — Date