2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# H86179

Entity Name: ARCHER ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

16105 SW ARCHER ROAD
ARCHER, FL 32618 US

New Principal Place of Business:

Current Mailing Address:

16105 SW ARCHER RD.
ARCHER, FL 32618 US

New Mailing Address:

FEI Number: 59-2620505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARBIN, MICHAEL J.
8925 SW 103 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

HARBIN, MICHAEL J.
197 SW 129 TERRACE
NEWBERRY, FL 32669 US

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: 01/13/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARBIN, MICHAEL J.,, DVM
Address: 8925 SW 103 AVE
City-St-Zip: GAINESVILLE, FL

Title: VST ( ) Delete
Name: HARBIN, JOANNE O.,
Address: 8925 SW 103 AVE
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: HARBIN, JOANNE O.,
Address: 8925 SW 103 AVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARBIN, MICHAEL J.,, DVM
Address: 197 SW 129 TERRACE
City-St-Zip: NEWBERRY, FL 32669 US

Title: VST (X) Change ( ) Addition
Name: HARBIN, JOANNE O.,
Address: 197 SW 129 TERRACE
City-St-Zip: NEWBERRY, FL 32669 US

Title: D (X) Change ( ) Addition
Name: HARBIN, JOANNE O.,
Address: 197 SW 129 TERRACE
City-St-Zip: NEWBERRY, FL 32669 US

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: JOANNE O. HARBIN VST 01/13/2004
Electronic Signature of Signing Officer or Director — Date