2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 17, 2008 08:00 AN Secretary of State **DOCUMENT # J81693** 1. Entity Name JOHN V. YELVINGTON, JR., D.V.M., P.A. Principal Place of Business Mailing Address **3749 PLACIDVIEW DRIVE 3749 PLACID VIEW DRIVE** LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2817927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YELVINGTON, JOHN V. DO NOT WRITE 3749 PLACID VIEW DR LAKE PLACID, FL 33852 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME YELVINGTON, JOHN V. JR STREET ADDRESS 3749 PLACIDVIEW DR LAKE PLACID, FL 33852 COY-ST-ZP n4/n2/n8-80020-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

nformation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 receive or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the indicated on this report of the corporation of changed, or on an a

SIGNATUR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-ZIP

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