2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# J95707

Entity Name: WESTSIDE ANIMAL HOSPITAL OF VERO BEACH, INC.

Current Principal Place of Business:

1795 -10TH AVENUE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1795-10TH AVENUE
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0008006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, MICHAEL J.
1795 - 10TH AVENUE
VERO BEACH, FL 32960 US

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: D ( ) Delete
Name: HERMAN, MICHAEL J.,
Address: 1795 10TH AVENUE
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete
Name: HERMAN, BRUCE M.,
Address: 21122 JUEGO WAY #20A
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: HERMAN, NANCY L.,
Address: 1025 CASTAWAY BLVD
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL J. HERMAN DVM, MS D 04/19/2007

Electronic Signature of Signing Officer or Director Date