


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90004 040 ***150.00

DOCUMENT # K55220	
1. Entity Name WILLIAM D. MITCHELL, JR., DVM, P.A.	

Principal Place of Business % WILLIAM D. MITCHELL, JR., DVM. 6511 S.W. 45TH ST. DAVIE FL 33314	Mailing Address % WILLIAM D. MITCHELL, JR., DVM. 6511 S.W. 45TH ST. DAVIE FL 33314
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0092214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, WILLIAM D., JR., DVM. 6511 S.W. 45TH ST. DAVIE FL 33314	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00.
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, WILLIAM D., JR 6511 S.W. 45TH ST. DAVIE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MITCHELL, MICHAEL D 1081 W TROPICAL WAY PLANTATION FL 33317 <input type="checkbox"/> Delete	T MICHAEL D. MITCHELL 1308 COLUMBIA DR. BIRMINGHAM, AL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHN A MITCHELL 70 NW 128 AVE PLANTATION FL 33325 <input type="checkbox"/> Delete	V JOHN A. MITCHELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: Mark 4/2/04 984581421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54056011

Davie Veterinary Clinic
Small Animal Medicine and Surgery
6511 S.W. 45TH STREET
DAVIE, FLORIDA 33314
(954) 581-4971

#K55220

WILLIAM D. MITCHELL, D. V. M.
AND ASSOCIATES

May 29, 2004

To Whom it May Concern

The accountant has informed me that check number 1858, dated April 2, 2004, never cleared the bank. Per my conversation with Katina I am sending a replacement check. If you receive both checks, please contact me at (954) 581-4971, or send one back to the above address.

Respectfully,
Teresa Holt
Office Manager