

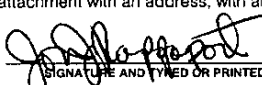


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90424 033 \*\*\*150.00

<b>DOCUMENT # L40657</b> 1. Entity Name <b>JON J. RAPPAPORT, D.V.M., AVENTURA ANIMAL HOSPITAL, P.A.</b>					
Principal Place of Business <b>19101 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33180</b>			Mailing Address <b>C/O TURNBERRY ASSOCIATES 19501 BISCAYNE BLVD. - BLDG.#400 AVENTURA, FL 33180</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01062005    Chg-P    CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0164333</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>SOFFER, MARSHA 19501 BISCAYNE BLVD #400 AVENTURA 39, FL 33180</b>	
7. Name and Address of New Registered Agent					
Name  Street Address (P.O. Box Number is Not Acceptable)					
City <b>FL</b> Zip Code					
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS	
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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: 				Date <b>4-28-05</b> Daytime Phone # <b>305-933-5513</b>	