2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# L48650

Entity Name: DELRAY BEACH VETERINARY HOSPITAL, INC.

Current Principal Place of Business:

%SIDNEY LEHR
1900 S FEDERAL HWY
DELRAY BEACH, FL 33483

New Principal Place of Business:

%SIDNEY LEHR
1900 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

Current Mailing Address:

%SIDNEY LEHR
1900 S FEDERAL HWY
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0176196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHR, SIDNEY
1900 S FEDERAL HWY
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

LEHR, SIDNEY D DR
1900 S FEDERAL HWY
DELRAY BEACH, FL 33444 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: SIDNEY D. LEHR, DVM 01/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: LEHR, SIDNEY
Address: 1900 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: LEHR, SIDNEY
Address: 1900 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: LEHR, SIDNEY D DR.
Address: 1900 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition
Name: LEHR, SIDNEY D DR.
Address: 1900 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483 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: SIDNEY D. LEHR, DVM P 01/28/2004
Electronic Signature of Signing Officer or Director Date