2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70477

Entity Name: ANIMAL HOSPITAL OF PERRINE, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6201 SW 120TH SR 6201 SW 120TH STREET MIAMI, FL 33156 PINECREST, FL 33156 US

Current Mailing Address: New Mailing Address:

6201 SW 120TH STREET 6201 SW 120TH SR MIAMI, FL 33156 PINECREST, FL 33156 US

FEI Number: 65-0197039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAUER, SHARON MACIVOR BAUER, SHARON MACIVOR 6201 SW 120TH SR 6201 SW 120TH STREET MIAMI, FL 33156 PINECREST, FL 33156

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: 04/30/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: DR SHARON MACIVOR-BA, UER DR SHARON MACIVOR-BA, UER Name: Name:

9841 EUREKA DRIVE Address: 6201 SW 120 STREET Address:

City-St-Zip: MIAMI, FL City-St-Zip: PINECREST, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: SHARON MACIVOR BAUER 04/30/2006 D