2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M28577

FILED May 11, 2007 Secretary of State

Entity Name: WESTON ROAD ANIMAL HOSPITAL, INC./SAMUEL STRAUSS D.V.M., P.A.

Current Principal Place of Business: New Principal Place of Business: C/O SAMUEL STRAUSS 4585 WESTON ROAD WESTON, FL 33331 **Current Mailing Address: New Mailing Address:** C/O SAMUEL STRAUSS 4585 WESTON ROAD WESTON, FL 33331 FEI Number: 59-2665858 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: STRAUSS, SAMUEL 4585 WESTON ROAD US WESTON, FL 33331 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STRAUSS, SAMUEL, Name: Name: 10369 GROVE ST. Address: Address: City-St-Zip: COOPER CITY, FL 33328 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL S. STRAUSS DR 05/11/2007