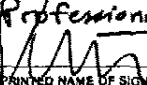


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000000899</b>			
<b>1. Entity Name</b> VETCOR OF LAKE WORTH LLC		<b>Principal Place of Business</b> LAKE WORTH ANIMAL HOSPITAL 1110 2ND AVENUE NORTH LAKE WORTH, FL 33460	
<b>Mailing Address</b> C/O THE VETCOR GROUP 350 LINCOLN PLACE HINGHAM, MA 02043			
<b>DO NOT WRITE IN THIS SPACE</b>		05032004 No Chg-LLC      CR2E083 (10/03)	
<b>4. FEI Number</b> 06-1592601		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____			
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		U00000159752 05/11/04-80001-004 50.00	
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM VETCOR PROFESSIONAL PRACTICES LLC 350 LINCOLN PLACE HINGHAM, MA 02043		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes</b>			
<b>SIGNATURE: By:</b> 		5/3/04      781-749-8151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #			
Peter R. DeFoe, Esq., Sr. Vice Pres. & Gen. Counsel			