2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Jul 19, 2004 08:00 AM Secretary of State **DOCUMENT # P00000008871** 1. Entity Name MICHAEL J. KERN, DVM, P.A. Mailing Address Principal Place of Business 15204 KITTRELL DR. 15204 KITTRELL DR. SPRING HILL, FL 34610 SPRING HILL, FL 34610 CR2E034 (10/03) 07072004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3625158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE KERN, MICHAEL J 15204 KITTRELL DR. SPRING HILL, FL 34610 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME KERN, MICHAEL J 0000041167030 07713704-80008-010 150.00 STREET ADDRESS 15204 KITTRELL DR. SPRING HILL, FL 34610 CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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 charged, or on an attachment with an address, with all other like ampowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

7-6-04