

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039254

Entity Name: HOME VET CARE, INC.

FILED  
Mar 20, 2006  
Secretary of State

## Current Principal Place of Business:

4630 NORTH UNIVERSITY DRIVE  
SUITE 462  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

4630 NORTH UNIVERSITY DRIVE  
SUITE 462  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 65-1003895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAUFMAN, MICHAEL H  
5337 NW 84 TERRACE  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

KAUFMAN, MICHAEL H DVM  
5337 NW 84 TERRACE  
CORAL SPRINGS, FL 33067 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: MICHAEL H. KAUFMAN, DVM

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KAUFMAN, MICHAEL H  
Address: 4630 NORTH UNIVERSITY DRIVE SUITE 462  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KAUFMAN, MICHAEL H DVM  
Address: 4630 NORTH UNIVERSITY DRIVE SUITE 462  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL H. KAUFMAN, DVM

P

03/20/2006

Electronic Signature of Signing Officer or Director

Date