

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084901

FILED
Jan 15, 2006
Secretary of State

Entity Name: VETERINARY MOBILE ENDOSCOPY & DIAGNOSTICS, P.A.

Current Principal Place of Business:

2840 W BAY DRIVE
#150
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

2840 W BAY DRIVE
#150
BELLEAIR BLUFFS, FL 33770 US

Current Mailing Address:

2840 W BAY DRIVE
#150
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

2840 W BAY DRIVE
#150
BELLEAIR BLUFFS, FL 33770 US

FEI Number: 59-3669775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUYPERS, MAYLI D
2840 WEST BAY DRIVE
#150
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CUYPERS, MAYLI D
Address: 2840 WEST BAY DRIVE, #150
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAY-LI D CUYPERS

PRES

01/15/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date