2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P00000114406

Entity Name: KELLY'S ANIMAL HOSPITAL OF ST. LUCIE WEST, INC.

Current Principal Place of Business:

150 CENTRAL PARK BLVD.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

150 NW CENTRAL PARK BLVD.
PORT ST. LUCIE, FL 34986

Current Mailing Address:

150 CENTRAL PARK BLVD.
PORT ST. LUCIE, FL 34986

New Mailing Address:

150 NW CENTRAL PARK BLVD.
PORT ST. LUCIE, FL 34986

FEI Number: 65-1064394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, PATRICK DVM
150 NW CENTRAL PARK PLAZA
PORT SAINT LUCIE, FL 34986 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: DR ( ) Delete
Name: KELLY, PATRICK
Address: 150 CENTRAL PARK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MRS ( ) Delete
Name: KELLY, CAROLYNN
Address: 150 CENTRAL PARK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: KELLY, PATRICK
Address: 150 NW CENTRAL PARK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MRS (X) Change ( ) Addition
Name: KELLY, CAROLYNN
Address: 150 NW CENTRAL PARK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK KELLY, DVM DR 03/17/2005

Electronic Signature of Signing Officer or Director — Date