## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000054759**

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

of the corporation or the rec changed, or on an attachme

DOC SYN'S VETERINARY CARE INC



**FILED** May 02, 2007 08:00 A Secretary of State

Principal Place of Business

22725 OVERSEAS HWY SUGARLOAF KEY, FL 33042 Mailing Address

19950 OVERSEAS HIGHWAY SUGARLOAF KEY, FL 33042



CR2E034 (11/05)

Daytime Phone #

No Cha-P

04272007

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1123724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SANDHUSEN, CYNTHIA DO NOT WRITE 22725 OVERSEAS HWY SUMMERLAND KEY, FL 33042 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SANDHUSON, CYNTHIA NAME STREET ADDRESS 22725 OVERSEAS HWY SUMMERLAND KEY, FL 33042 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if