

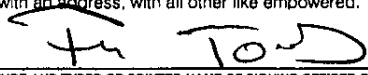


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P01000091979 1. Entity Name MOBILE ANIMAL HEALTHCARE, INC.																	
Principal Place of Business 9700 SW 112 STREET MIAMI, FL 33176		Mailing Address 8360 WEST FLAGLER STREET 206 MIAMI, FL 33144															
DO NOT WRITE IN THIS SPACE		 01072008 No Chg-P CR2E034 (11/05)															
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-1134635</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-1134635	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
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6. Name and Address of Current Registered Agent TORRES, FABIAN A 9700 SW 112 STREET MIAMI, FL 33176		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</td></tr><tr><td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">PD TORRES, FABIAN A 9700 SW 112 STREET MIAMI, FL 33176</td></tr><tr><td style="font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td></tr><tr><td style="font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td></tr><tr><td style="font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td></tr><tr><td style="font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td></tr><tr><td style="font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td></tr></table>		10. OFFICERS AND DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, FABIAN A 9700 SW 112 STREET MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right; margin-bottom: 20px;">U00000845099 03/13/08-80025-009 150.00</div> DO NOT WRITE IN THIS SPACE	
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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 changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/24/08 Daytime Phone #: 305-553 0033															