


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90269 013 ***150.00

DOCUMENT # P01000095894 1. Entity Name MICHELE TRAVERS-GARCIA, D.V.M. P.A.																															
Principal Place of Business 2200 NE 49TH ST LIGHTHOUSE POINT, FL 33064		Mailing Address 2200 NE 49TH ST LIGHTHOUSE POINT, FL 33064																													
2. Principal Place of Business 4911 NE 23 AVE Suite, Apt. #, etc.		3. Mailing Address 4911 NE 23 AVE Suite, Apt. #, etc.																													
City & State LHP, FL		City & State LHP, FL																													
Zip 33064		Zip 33064																													
Country USA		Country USA																													
4. FEI Number 65-1146936		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LEFKOWITZ, DENNIS S 2295 CORPORATE BLVD NW, SUITE 120 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name MICHELE TRAVERS Street Address (P.O. Box Number is Not Acceptable) 4911 NE 23 AVE City LHP State FL Zip Code 33064																													
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 <u><i>Michele Travers</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4/18/05</u>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME TRAVERS-GARCIA, MICHELLE STREET ADDRESS 2200 NE 49TH ST CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE D NAME TRAVERS-GARCIA, MICHELLE STREET ADDRESS 2200 NE 49TH ST CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME TRAVERS, MICHELLE STREET ADDRESS 4911 NE 23 AVE CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE D NAME TRAVERS, MICHELLE STREET ADDRESS 4911 NE 23 AVE CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Michele Travers</i></u>		<u>MICHELE TRAVERS</u> <u>4/18/05</u> <u>954-295-2689</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>																													