2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM **DOCUMENT # P02000037875 Šecretary of State** BAYOU VETERINARY HOSPITAL, P.A. Principal Place of Business Mailing Address 8214 BELCHER RD 8214 BELCHER RD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0648909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COGLEY, THOMAS P DR. DO NOT WRITE 8214 BELCHER RD PINELLAS PARK, FL 33781 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE U00000757965 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/23/07-80091-019 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE PRES COGLEY, THOMAS P DR. NAME 8214 BELCHER RD STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 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 NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP