2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 8:00 am **Secretary of State DOCUMENT # P02000057122** 1. Entity Name 01-20-2004 90056 045 ***150.00 EHLERS ANIMAL HOSPITAL, INC. Principal Place of Business Mailing Address 4385 WEEPING WILLOW CIR 4385 WEEPING WILLOW CIR CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 3. Mailing Address 2. Principal Place of Business <u>212 EAST STATE</u> ROAD 434 212 EAST STATE ROAD 434 Suite, Apt. #, etc. Suite, Act. #, etc. 01122004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State FL DNG<u>W000</u> NOT APPLICABLE Not Applicable LONGWOOD Country U.S.A \$8.75 Additional Country U.S.A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name P. EHLERS WILLIAM WEATHERFORD, WILLIAM P JR. Street Address (P.O. Box Number is Not Acceptable) 1150 LOUISIANA AVENUE STE 4 WINTER PARK, FL 32789 WEEPING WILLOW CR 70 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete TITLE EHLERS, WILLIAM P DVM MALE NAME 4385 WEEPING WILLOW CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY, FL 32707 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7/P ■ Addition ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CMGSELFREIGHT, EC 37 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. E- WILLIAM WILLIAM STORY - SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED