FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90056 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057122

1. Entity Name
EHLERS ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
4385 WEEPING WILLOW CIR CASSELBERRY, FL 32707	4385 WEEPING WILLOW CIR CASSELBERRY, FL 32707

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
212 EAST STATE ROAD 434		212 EAST STATE ROAD 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LONGWOOD FL		City & State: LONGWOOD FL	
Zip: 32750	Country: U.S.A.	Zip: 32750	Country: U.S.A

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVENUE STE 4
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: WILLIAM P. EHLERS
Street Address (P.O. Box Number is Not Acceptable): 4385 WEEPING WILLOW CR
City: CASSELBERRY FL Zip Code: 32707

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: William P. Ehlers DATE: 1-14-04
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EHLERS, WILLIAM P DVM		NAME		
STREET ADDRESS	4385 WEEPING WILLOW CIR		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: William P. Ehlers WILLIAM P. EHLERS 1-14-04 407-331-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #