2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 06, 2004 08:00 AM Secretary of State **DOCUMENT # P02000133608** 1. Entity Names WELLEBY VETERINARY CENTER, INC. Principal Place of Business Mailing Address 10008 W OAKLAND PARK BLVD 10008 W OAKLAND PARK BLVD SUNRISE, FL 33351 SUNRISE, FL 33351 CR2E034 (10/03) 01192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3888164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILLIE, JOHN P 10008 W OAKLAND PARK BLVD SUNRISE, FL 33351 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 V00000038001 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WILLIE, JOHN P STREET ADDRESS 10008 W OAKLAND PARK BLVD SUNRISE, FL 33351 CITY-ST-ZIP AND THE PROPERTY OF THE PROPER TITLE The state of the s NAME STREET ADDRESS CITY-ST-ZIP Car property of the same of the same TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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

SIGNATURE: X

TITLE

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

INTED NAME OF SIGNING OFFICER OR DIRECTOR