2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000133608 1. Entity Name 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

FILED Feb 20, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPAC				01132006 No Chg-P CR2E034 (11/05)				
				4. FEI Number 22-38881	88164		Applied For Not Applicable	
							1.75 Additional Required	
	6. Name and Address of Current Regis	ered Agent						
WILLIE, JOHN P 10008 W OAKLAND PARK BŁVD SUNRISE, FL 33351					IOT WR HIS SPA			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or both, i	n the State of Florid	a. 1 am familia	r with, and accep	
JIGHA ONE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature rei	quired when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ecing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			- <u> </u>	***************************************		
ITLE IAME STREET ADDRESS CITY-ST-ZIP	D WILLIE, JOHN P 10008 W OAKLAND PARK BLVD SUNRISE, FL 33351			(<u>)</u> :-	1997-1991 1987-1991	567 741-011	150.00	
IITLE Name Street address Sity-St-Zip								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	NOT WE	RITE		
IITLE AME STREET ADDRESS XTY-ST-ZIP		_		IN T	HIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						, 44 , 14	· · · · · · · · · · · · · · · · · · ·	
OTLE VAME STREET ADDRESS OTY-ST-71P			,				,	

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 supplimental 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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: #