

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009590

Entity Name: DVM LIBERTY, INC.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

1730 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

## Current Mailing Address:

1730 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

## New Mailing Address:

FEI Number: 65-1172572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEISELS, LLOYD S  
1730 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEISELS, LLOYD S DVM  
Address: 1730 UNIVERSITY DRIVE  
City-St-Zip: POMPANO BEACH, FL 33071

Title: VP ( ) Delete  
Name: DOLAMORE, KAREN JO DVM  
Address: 1730 UNIVERSITY DRIVE  
City-St-Zip: POMPANO BEACH, FL 33071

Title: VP ( ) Delete  
Name: SULLIVAN, HENRY B  
Address: 1730 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: SEAMAN, REBECCA LYNN  
Address: 1730 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: ROBERTS, STEVEN A  
Address: 1730 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: SCHWARTZ, DONNA J  
Address: 1730 UNIVERSITY DR  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MEISELS, LLOYD S DVM  
Address: 1730 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Change ( ) Addition  
Name: DOLAMORE, KAREN JO DVM  
Address: 1730 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD MEISELS

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date