
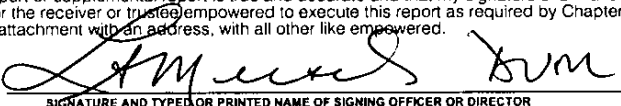


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90842 018 ***150.00

DOCUMENT # P03000009590 1. Entity Name DVM LIBERTY, INC.					
Principal Place of Business 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071			Mailing Address 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1172572	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEISELS, LLOYD S 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. MEISELS, LLOYD S DVM 1730 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. DOLAMORE, KAREN JO DVM 1730 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SULLIVAN, HENRY B 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEAMAN, REBECCA LYNN 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBERTS, STEVEN A 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHWARTZ, DONNA J 1730 UNIVERSITY DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			LLOYD S. MEISELS DVM 4/19/07 954-753-1800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT



Open 24 Hours/day
365 Days a Year

HOSPITAL DIRECTOR
LLOYD S. MEISELS, DVM

HOSPITAL MANAGER
COLLEEN BILLMAN

GENERAL PRACTICE
KAREN JO DOLAMORE, DVM
BRUCE SULLIVAN, DVM
DONNA SCHWARTZ, DVM
AMY M. HARRISON, DVM
CAROLYN H. CONNORS, DVM
KRISTA HARDY, DVM
STEPHANIE MAY, DVM

SPECIALTY & REFERRAL
PRACTICE

INTERNAL MEDICINE
REBECCA SEAMAN, DVM
Diplomate American College of
Veterinary Internal Medicine in
Internal Medicine
SOFIA C. MORALES, DVM
Board Eligible in Internal Medicine

ONCOLOGY
REBECCA SEAMAN, DVM
Diplomate American College of
Veterinary Internal Medicine-Oncology

SURGERY
KENNETH MOORE, DVM
Diplomate American College of
Veterinary Surgeons

DERMATOLOGY
SUSAN SAWYER, DVM
Practice Limited to Dermatology

EMERGENCY/CRITICAL CARE
STEVEN A. ROBERTS, DVM
DONNA SCHWARTZ, DVM
CAROLYN H. CONNORS, DVM

BEHAVIORIST
SORAYA V. JUARBE-DIAZ, DVM
Diplomate American College of Veterinary
Behaviorists

LISA RADOSTA, DVM
Diplomate American College of Veterinary
Behaviorists

RADIOLOGY
CRISPIN SPENCER, DVM
Diplomate American College of
Veterinary Radiology

CARDIOLOGY
DEWEY CARPENTER JR., DVM
Diplomate American College of
Veterinary Internal Medicine-Cardiology

NEUROLOGY
JULIA BLACKMORE, DVM
Diplomate American College of
Veterinary Internal Medicine-Neurology

DENTISTRY/ORAL SURGERY
GARY LANTZ, DVM
Diplomate American College of
Veterinary Surgeons
Diplomate of the American
Veterinary Dental College

Professional Excellence, Integrity and Compassion in Companion Animal Care Since 1977

40093259
P03000009590

1730 University Drive
Coral Springs, FL 33071
Ph 954.753.1800

Fax 954.753.5120

Toll Free (FL) 1.800.935.1800

www.coralsspringsanimalhosp.com

The following are to be added to the officers and directors:

Title: VP
Name: Amy M. Harrison, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Carolyn H. Connors, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Krista Hardy, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Stephanie May, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Sofia Morales, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Kenneth Moore, DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071

Title: VP
Name: Dewey Carpenter Jr., DVM
Street Address: 1730 University Drive
City-ST-Zip: Coral Springs, FL 33071



* Accredited - General Hospital

* Accredited - Specialty Surgery

* Accredited - Emergency/Critical Care