2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012652

1. Entity Name
EQUINE MEDICAL CARE, PA

FILED
04 NOV -4 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4849 SE 110TH. ST 59 BELLEVIEW, FL 34420 US	PO BOX 11165 OCALA, FL 34473 US

09202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6453 CR 630	6453 CR 630
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bushnell FL	City & State: Bushnell FL
Zip: 33513 Country: US	Zip: 33513 Country: US

4. FEI Number: 47-0910332 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DO VALLE, SILVIA 4849 SE 110TH. ST 59 BELLEVIEW, FL 34420	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. DO VALLE, SILVIA PO BOX 11165 OCALA, FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6453 CR 630 Bushnell FL 33513
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300041636113 10/06/04--01016--016 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Silvia do Valle 9-28-4 352-307-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Equine Medical Care
6453 CR 630
Bushnell, FL 33513

28 October, 2004

To Whom It May Concern,

I am writing this letter to you per my conversation with your office on 26 October 2004, regarding the dissolution and/or revocation of my corporation.
As I explained, we were struck by two of the four hurricanes that hit this area, had no power for days and were unable to utilize our office or computer. We also sustained extensive damage and had to remain closed until repairs could be made.
I sincerely made every effort to meet my obligations but unfortunately was unable to ensure that all were met on the required due date.
I would like to request that you give consideration to this special circumstance and re-instate my corporate status and waive the late fee.
With all due respect. I would think the State of Florida and Governor Bush would be obligated to waive such late fees given the nature of the catastrophic events that hit our state this year. Again, your consideration in this matter would be greatly appreciated.

Sincerely,

Silvia do Valle, DVM, MS