
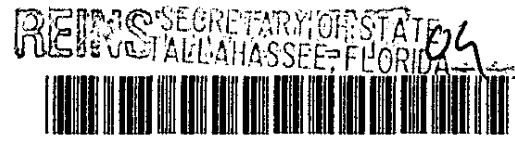


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012652 1. Entity Name EQUINE MEDICAL CARE, PA	
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FILED
04 NOV -4 PM 1:39



Principal Place of Business 4849 SE 110TH. ST 59 BELLEVIEW, FL 34420 US	Mailing Address PO BOX 11165 OCALA, FL 34473 US
2. Principal Place of Business 6453 CR 630 Suite, Apt. #, etc.	3. Mailing Address 6453 CR 630 Suite, Apt. #, etc.
City & State Bushnell FL	City & State Bushnell FL
Zip 33513	Country US

09202004	Chg-P	CR2E034 (10/03)
4. FEJ Number 47-0910332	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

8. Name and Address of Current Registered Agent DO VALLE, SILVIA 4849 SE 110TH. ST 59 BELLEVIEW, FL 34420	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DR. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DO VALLE, SILVIA	NAME	
STREET ADDRESS	PO BOX 11165	STREET ADDRESS	6453 CR 630
CITY-ST-ZIP	OCALA, FL 34473	CITY-ST-ZIP	Bushnell FL 33513
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	300041636113
STREET ADDRESS		STREET ADDRESS	10/06/04--01016--016 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Silvia dovalle 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 reinstate 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,

A handwritten signature in cursive script, which appears to read "Silvia do Valle". The signature is written in black ink and is located below the typed name.

Silvia do Valle, DVM, MS