


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90103 006 ***158.75

DOCUMENT # P03000036018 1. Entity Name BAKER VETERINARY SERVICES, INC.					
Principal Place of Business 8265 WINNEPESAUKEE WAY LAKE WORTH, FL 33467			Mailing Address 8265 WINNEPESAUKEE WAY LAKE WORTH, FL 33467		
2. Principal Place of Business 3359 Belvedere Road Suite, Apt. #, etc. Suite H City & State West Palm Bch, FL Zip 33406			3. Mailing Address 3359 Belvedere Road Suite, Apt. #, etc. Suite H City & State West Palm Bch, FL Zip 33406		
4. FEI Number 86-1061503			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			07202005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent ACCUPAY SERVICES CORP. 4801 S UNIVERSITY DR STE 3000 DAVIE, FL 33328			7. Name and Address of New Registered Agent Name William L. Baker Street Address (P.O. Box Number is Not Acceptable) 3359 Belvedere Rd Suite Suite H City West Palm Bch FL Zip Code 33406		
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: <u><i>William L. Baker, Pres</i></u> DATE: <u>7-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D, P <input type="checkbox"/> Delete BAKER, WILLIAM L STREET ADDRESS 8265 WINNEPESAUKEE WAY CITY-ST-ZIP LAKE WORTH, FL 33467	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D, VP <input type="checkbox"/> Delete MARTHA A. BAKER STREET ADDRESS 8265 Winnepesaukee way CITY-ST-ZIP Lake Worth, FL 33467	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			
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 reports 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: <u><i>William L. Baker, Pres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-20-05 (561) 686-9642 <small>Date Daytime Phone #</small>			

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