



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90164 009 \*\*\*150.00

<b>DOCUMENT # P04000053779</b> 1. Entity Name <b>CVC VETERINARY CENTERS, INC.</b>					
Principal Place of Business <b>32700 U.S. HIGHWAY 19 NORTH</b> <b>PALM HARBOR, FL 34684</b>			Mailing Address <b>32700 U.S. HIGHWAY 19 NORTH</b> <b>PALM HARBOR, FL 34684</b>		
2. Principal Place of Business <b>32801 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State		3. Mailing Address <b>32801 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State			
Zip Country		Zip Country		4. FEI Number <b>75-3152203</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WHITE, LANGFRED W</b> <b>32700 U.S. HIGHWAY 19 NORTH</b> <b>PALM HARBOR, FL 34684</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>32801 US Hwy 19 N.</b> <b>Suite 100</b> City <b>FL</b> 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 <i>By: Langfred W White</i> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANES, WILLIAM SR. 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<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	CEO PLANES, WILLIAM SR. 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO &amp; President &amp; Director</b> <b>32801 US Hwy 19 North, Suite 100</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PLANES, REGINA M 854 CYPRESS LAKEVIEW TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32801 U.S. Highway 19 North</b> <b>Suite 100</b> <b>Palm Harbor, FL 34684</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS WHITE, LANGFRED W 2094 ASHBURY DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32801 U.S. Highway 19 North</b> <b>Suite 100</b> <b>Palm Harbor, FL 34684</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST NOLL, DEBORAH 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<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	<input type="checkbox"/> Delete				
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: <i>By: Langfred W White</i> <b>Langfred W. White, as Sr. Vice President</b>			Date <b>727-781-9885</b> Daytime Phone #		