


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90147 016 ***150.00

DOCUMENT # P04000053779	
1. Entity Name CVC VETERINARY CENTERS, INC.	

Principal Place of Business 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684	Mailing Address 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40000000



01152007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3152203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, LANGFRED W 32807 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684	
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7. Name and Address of New Registered Agent Name <u>JCC FILING + SEARCH SERVICES, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1574 VILLAGE SQUARE BLVD. #100</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32309</u>	
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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 Alison Hand, ASIT SEC DATE 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP PLANES, WILLIAM SR. 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <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	DVP PLANES, REGINA M 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <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	DSVS WHITE, LANGFRED W 32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>32815 U.S. HWY. 19 NO.</u> <u>PALM HARBOR, FL 34684</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DVP</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>SHEAWN BROWN</u> <u>32801 US HWY 19 NORTH SUITE 100</u> <u>PALM HARBOR, FL 34684</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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: William Planes Sr. CEO DATE 4/10/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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