2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # P05000064937 LESLEY PHILLIPS DVM PA Principal Place of Business Mailing Address 1102 KINGSWOOD LANE 1102 KINGSWOOD LANE FORT PIERCE FL 34982 FORT PIERCE FL 34982 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-2787018 Not Applicable Ζφ Country Ζ:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, LESLEY Street Address (P.O. Box Number is Not Acceptable) 1102 KINGSWOOD LANE FORT PIERCE FL 34982 City 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 Squature Typed or printed heart of required meet and the Tampfoedin SCOTE Registered Agent eightstund required when reinstrung DATE FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE Change ■ Addition NAME PHILLIPS, LESLEY NAME U00000999756 1102 KINGSWOOD LANE STREET ADDRESS 04/23/08-80118-023 150.00 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY-ST-ZIP TITLE De-ete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS OITY-31-212 CITY-ST-ZIP THILE ☐ Derete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TRUE ☐ Delete TIFLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2(2 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Derete TITLE Change Acdition 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 exemptions contained in Section 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 attachgient with an address, with all other like empowered.

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