2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000111454

1. Entity Name
OZ VETERINARY GROUP, INC.

Principal Place of Business	Mailing Address
12834 US HIGHWAY 1	12834 US HIGHWAY 1
JUNO BEACH, FL 33408	JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3326044	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOZINSKI, KATHLEEN G
1061 E. INDIANTOWN ROAD
SUITE 416
JUPITER, FL 33477

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000579429 01/10/07--80004-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHAN, MICHAEL
STREET ADDRESS	1420 OCEAN WAY
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VP
NAME	KNOBLAUCH GREENLAND, CYNTHIA
STREET ADDRESS	5100 NORTHERN LIGHTS DRIVE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Michael W Stephan*   Michael W Stephan   1/3/07   561-626-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #