2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Mar 15, 2007 08:00		
MENT # P05000° LSON D V M INC	139683			\$	Secretary of Sta	
e of Business PELICAN DR ACH, FL 32119	Mailing Address 1515 RIDGEWOOD AVE SUITE A HOLLY HILL, FL 32117] 	II FA 2001 Fa ul Ba ut II	III (HOOF INKO 1840 1850 KANDO (1850 K 1) KBU	
			01162007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117			DO NOT WRITE IN THIS SPACE			
ions of registered agent.	04			i, in the State of Flo	orida. I an familiar with, and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be ed to Fees			
P WILSON, LYNN 388 BROWN PELICAN DR				03/26 N OT W	ŀ	
	MENT # P05000' CLOON D V M INC De of Business PELICAN DR ACH, FL 32119 DO NOT WRI C. Name and Address of Cu C. JOE C. SEWOOD AVE LL, FL 32117 Inamed entity submits this statem ions of registered agent. Signature, typed or profiled name of registered by 1, 2007 Fee will be \$2 OFFICERS P WILSON, LYNN 388 BROWN PELICAN DR	MENT # P05000139683 CLOON D V M INC Be of Business PELICAN DR ACH, FL 32119 DO NOT WRITE IN THIS SPA CONTROL OF CURRENT AND DIRECTORS PELICAN DR ACH, FL 32117 Mailing Address Mailing Address 1515 RIDGEWOOD AVE SUITE A HOLLY HILL, FL 32117 DO NOT WRITE IN THIS SPA CONTROL OF CURRENT AND DIRECTORS P. WILSON, LYNN	MENT # P05000139683 LSON D V M INC e of Business PELICAN DR 1515 RIDGEWOOD AVE SUITE A HOLLY HILL, FL 32117 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent E. JOE SEWOOD AVE LL, FL 32117 named entity submits this statement for the purpose of changing its registered office or registerions of registered agent. Signature, hyped or ponted name of registered agent and title of topological statements and statements for the purpose of changing its registered office or registerions of registered agent. Signature, hyped or ponted name of registered agent and title of topological statements for the purpose of changing its registered office or register ions of registered agent and title of topological statements for the purpose of changing its registered office or register ions of registered agent and title of topological statements for the purpose of changing its registered office or register ions of registered agent. P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS P. WILSON, LYNN 388 BROWN PELICAN DR	MENT # P05000139683 LSON D V M INC O of Business PELICAN DR ACH, FL 32119 DO NOT WRITE IN THIS SPACE O1182007 4. FEI Number 20-3622 5. Certificate of SEWOOD AVE SEWOOD AVE LL, FL 32117 DO IN T IN T Separation Injuries of covaled name of required agent and side of large state of the coval of registered agent, or both forms of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent, or both forms of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent, or both forms of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of required agent and side of large state of the coval of registered agent. Separation Injured or covaled name of registered agent agen	MENT # P05000139683 LEON D V M INC O I Business PELICAN DR ACH, FL 32119 DO NOT WRITE IN THIS SPACE O1162007 No Chg-P 4. FEI Number 20-3622025 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent E. JOE SEWOOD AVE LL, FL 32117 DO NOT W IN THIS SF IN THIS SP IN THIS SF IN THIS SF IN THIS SP IN THIS SF IN THIS SP IN THIS S	

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: $\frac{l_{\perp}}{l}$

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jarmul I

Dr Lynn Wilson

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Daytime Phone #