


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90046 044 ***150.00

DOCUMENT # P05000160553		
1. Entity Name DONALD ROSS VILLAGE ANIMAL HOSPITAL, INC.		

Principal Place of Business 802 UNIVERSITY BLVD JUPITER, FL 33458	Mailing Address 802 UNIVERSITY BLVD JUPITER, FL 33458
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40140901



2. Principal Place of Business - No P.O. Box # 4550 Donald Ross Rd Suite, Apt. #, etc. Suite 104 City & State Palm Beach Gardens, FL Zip 33410 Country USA		3. Mailing Address 4550 Donald Ross Rd Suite, Apt. #, etc. Suite 104 City & State Palm Beach Gardens, FL Zip 33410 Country USA	
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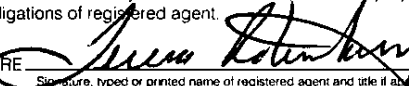
07052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4150961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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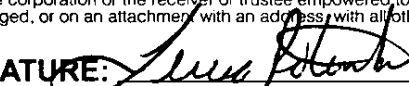
6. Name and Address of Current Registered Agent ROTEBERRY, TERESA 802 UNIVERSITY BLVD JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name: Teresa Rotenberry Street Address (P.O. Box Number is Not Acceptable) 137 Via Catalunha City: Jupiter FL Zip Code: 33458	
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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:  Teresa Rotenberry 7/5/07 <small>(NOTE: Registered Agent signature required when constituting)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROTEBERRY, TERESA 802 UNIVERSITY BLVD JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	137 Via Catalunha Jupiter FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SCHNEIDER, LANCE 802 UNIVERSITY BLVD JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	137 Via Catalunha Jupiter FL 33458 <input checked="" 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
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
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:  Teresa Rotenberry 7/5/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	561-624-5878 561-743-9607 <small>Daytime Phone #</small>