


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~Annual Report~~
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 MAY 19 AM 11:56

DOCUMENT # P08000046488

1. Corporation Name

Raul L. Perez, D.V.M., P.A.

100156158901
 05/19/09--01018--008 **150.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 11370 Trotting Horse Lane S.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32225	Country Duval	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 5/18/2008	
5. FEI Number 26-2623544	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Raul L. Perez, D.V.M.

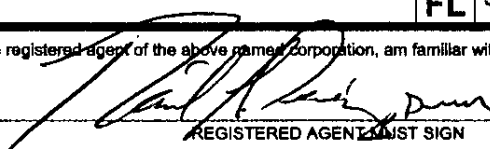
Street Address (P.O. Box Number is Not Acceptable)
11370 Trotting Horse Lane S.

Suite, Apt. #, Etc.

City
Jacksonville, State FL Zip Code 32225

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

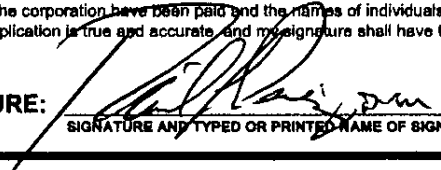
Signature of Registered Agent  Date 5/14/09
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Raul L. Perez, D.V.M.	11370 Trotting Horse Lane S.	Jacksonville, Florida 32225

B5/2/09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Raul L. Perez, D.V.M. 5/14/09 (954) 304-6865
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #