2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050682

Entity Name: SILVER LAKES ANIMAL CARE FACILITY, INC.

FILED Jan 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 E. OAKLAND PARK BLVD., #200 2609 NE 37 STREET

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

2900 E. OAKLAND PARK BLVD., #200 2609 NE 37 STREET

FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33306

FEI Number: 65-0552470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEILER, JOHN P ESQ 2900 E. OAKLAND PARK BLVD., #200

2850 NÓRTH ANDREWS AVENUE FORT LAUDERDALE, FL 33306 WILTON MANORS, FL 33311

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.

SEILER, JOHN P ESQ

SIGNATURE: 01/22/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition Name: SEILER, EARNEST E JR. Name: SEILER, EARNEST E JR.

2900 E. OAKLAND PARK BLVD., #200 2609 NE 37 STREET Address: Address: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip:

Title: SD Title: SD () Delete (X) Change () Addition

Name: SEILER, ANNE E Name: SEILER, ANNE E 2900 E. OAKLAND PARK BLVD., #200 2609 NE 37 STREET Address: Address:

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: VD () Delete VD.

SEILER, JOHN P SEILER, JOHN P Name: Name:

2900 E. OAKLAND PARK BLVD., #200 2850 NORTH ANDREWS AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARNEST E. SEILER, DVM PTD 01/22/2004