


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90024 021 \*\*\*150.00

<b>DOCUMENT # P94000059363</b>	
1. Entity Name <b>ISLAND ANIMAL HOSPITAL, INC.</b>	

Principal Place of Business <b>262 SUNSET AVENUE PALM BEACH FL 33480</b>	Mailing Address <b>262 SUNSET AVENUE PALM BEACH FL 33480</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE	CR2E034 (4/07)
4. FEI Number <b>65-0529487</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TURKELL, ANDREW DVM 262 SUNSET AVENUE PALM BEACH FL 33480</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

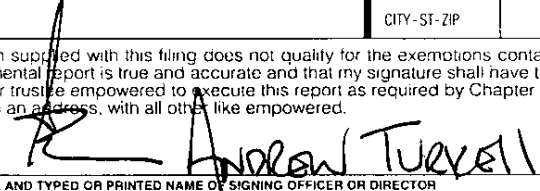
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **8/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



ATTACHMENT

40130130

# P94000059363

ISLAND ANIMAL HOSPITAL

*Hearts of the art, loving medical care  
for the pets of Palm Beach*

Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, FL 32314

To Whom It May Concern:

As per your department's request, I am submitting this letter in conjunction with payment and our Annual Report. We tried to file on-line numerous times during the months of May and June to no avail. The website was either down or unable to process our request to file online. In the end, we requested a physical copy from the Division of Corporation (attached). The way it was explained to us by the Department, our situation is not unheard of and has occurred in the past due to system overloads during that time period.

Thank you in advance for your consideration and review. Should you have any questions, please feel free to contact me anytime.

Best regards,

Jeff Kline  
Bookkeeper  
Island Animal Hospital