

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065273

1. Entity Name  
LARGE ANIMAL ASSOCIATES, INC. ✓



00102087

Principal Place of Business  
1510 HENRY PARTIN RD  
KISSIMMEE, FL 34744 US

Mailing Address  
1510 HENRY PARTIN RD  
KISSIMMEE, FL 34744 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number  
58-3265345

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAUGHREY, TODD K.  
1510 HENRY PARTIN RD  
KISSIMMEE, FL 34744

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent's Signature required when substituting.

DATE

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P LAUGHREY, TODD K DVM  
1510 HENRY PARTIN RD  
KISSIMMEE, FL 34744  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

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 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Todd K. Laughrey DVM*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/18/03

Daytime Phone #

CREED34 (10/02)