2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000086607

1. Entity Name JAY FERBER, D.V.M., INC.



Principal Place of Business

17189 PINES BLVD. PEMBROKE PINES, FL 33027 Mailing Address

17189 PINES BLVD. PEMBROKE PINES, FL 33027

FILED Mar 08, 2006 8:00 am Secretary of State

03-08-2006 90162 011 ***150.00



03012006

No Chg-P

CR2E034 (11/05)

4.	FEI Number	
	65-0541758	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Registered	Agent

FERBER, JAY 17189 PINES BLVD. PEMBROKE PINES, FL 33027

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		Ī		114	IIII3 SFACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered /	igent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE Name Street address City-St-Zip	P FERBER, JAY 17189 PINES BLVD. PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-Zip				DO	NOT WRITE
TITLE Name Street Address City-St-Zip				IN	THIS SPACE
TITLE Name Street address City-St-Zip					
TITLE Name Street address City-St-Zip					
12. I hereby o	certify that the information supplied with this fill	ing does not qualify for the exem	ptions co	ntained in Chapter 11	Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or fusite 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-06

954-431-7979

Daytime Ph