


2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/21
7/18

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-08-2004 90094 031 ***400.00
03-29-2004 90060 024 ***150.00

DOCUMENT # P95000082430
1. Entity Name
FONDREN ANIMAL CLINIC, INC.



Principal Place of Business Mailing Address
4145 BURNS ROAD 4145 BURNS ROAD
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

66430381



DO NOT WRITE IN THIS SPACE

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0613858** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
FODREN, MARY C DR
4145 BURNS ROAD
PALM BEACH GARDE NS, FL- 33410

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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]* DATE: **5/7/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing True; False Contributor: **\$5.00 may Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D ⁿ
NAME	FONDREN, MARY C
STREET ADDRESS	4145 BURNS ROAD
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	M
NAME	O'NEILL, TERENCE H.
STREET ADDRESS	4145 BURNS ROAD
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this report of supplemental reports is true and accurate and that the signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the changed, or on an alternate with an address with all other like employees.

SIGNATURE: *[Signature]* DATE: **7/19/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR