


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
 Jan 23 2007 08:00 AM  
 Secretary of State

**DOCUMENT # P96000043211**

1. Entity Name  
 SOUTHPAW ANIMAL HEALTH, INC.



Principal Place of Business  
 15421 N. DALE MABRY  
 TAMPA, FL 33618

Mailing Address  
 15421 N. DALE MABRY  
 TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59:3376932 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DRAKE, DEBORA A DVM  
 15421 N. DALE MABRY  
 TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

000000593939  
 01/22/07-80051-018-150.00

**10. OFFICERS AND DIRECTORS**

TITLE: PSTD  
 NAME: DRAKE, DEBORA A DVM  
 STREET ADDRESS: 15519 WOODWAY DRIVE  
 CITY, ST, ZIP: TAMPA, FL 33613

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, ST, ZIP: \_\_\_\_\_

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 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, ST, ZIP: \_\_\_\_\_

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:** *Deborah A Drake* 1-10-07 813-968-025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR