## **2006 FOR PROFIT CORPORATION**

## ~~ANNUAL REPORT

DOCUMENT # P97000024286 1. Entity Name
OCALA VETERINARY ENDOCRINE LAB, INC.

**FILED** Mar 22, 2006 08:00 A Secretary of State

Principal Place of Business Mailing Address  4895 NW 120TH STREET 4895 NW 120TH STREET  REDDICK, FL 32686-3907 REDDICK, FL 32686-3907			
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DO NOT WRITE IN THIS SPACE  03212006 No Chg-P CR2E03  4. FEI Number 59-3433124  5. Cartificate of Status Desired D	Applied For Not Applicable 88.75 Additional see Required		
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 fethe obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE	miliar with, and accept		
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  04/06/06-80035-6	018 150.00		
INTE MAME JOHNSON, MARTHA A 4895 NW 120TH ST REDDICK, FL 326863907  INTE MAME STREET ADDRESS STRY-ST-ZIP  INTE INTE INTE INTE INTE INTE INTE INT	į		
STLE  IAME  TREET ADDRESS  SITY-ST-ZIP			

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 it made under eath; 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 chapter 607, or on an attachment with an address, with all other the empowered.

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SIGNING OFFICER OR DIRECTOR

Martha A. Johnson 3/21/06 352-591-0142

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