2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# P97000051290

Entity Name: OLD CUTLER ANIMAL CLINIC, INC.

Current Principal Place of Business:

20205 FRANJO RD
CUTLER RIDGE, FL 33189

New Principal Place of Business:

Current Mailing Address:

20205 FRANJO RD
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0766415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIDI, CLAUDIO ESQ.
100 N BISCAYNE BLVD
SUITE 2100
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: SANCHEZ, HAYDEE
Address: 20205 FRANJO RD
City-St-Zip: CUTLER RIDGE, FL 33189

Title: P ( ) Delete
Name: HARRIS, WILLIAM J L
Address: 19531 HOLIDAY RD
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYDEE SANCHEZ ST 01/12/2005

Electronic Signature of Signing Officer or Director — Date