


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90007 048 \*\*\*150.00

<b>DOCUMENT # P97000056181</b> 1. Entity Name <b>MARCO VETERINARY HOSPITAL, P.A.</b>																															
Principal Place of Business <b>950 N COLLIER BLVD SUITE 201 MARCO ISLAND, FL 34145</b>		Mailing Address <b>950 N COLLIER BLVD SUITE 201 MARCO ISLAND, FL 34145</b>																													
2. Principal Place of Business - No P.O. Box # <b>1842 San Marco Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1842 San Marco Rd</b> Suite, Apt. #, etc.																													
City & State <b>Marco Island FL</b> Zip <b>34145</b> Country		City & State <b>Marco Island FL</b> Zip <b>34145</b> Country																													
4. FEI Number <b>59-3458880</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>KRAMER, FREDERICK C 950 N COLLIER BLVD SUITE 201 MARCO ISLAND, FL 34145</b>		7. Name and Address of New Registered Agent Name <b>Brent Garrison</b> Street Address (P.O. Box Number is Not Acceptable) <b>1842 San Marco Road</b> City <b>Marco Island</b> <b>FL</b> Zip Code <b>34145</b>																													
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 <u><i>Brent Garrison</i></u> <b>3/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>D/P GARRISON, BRENT K 1842 SAN MARCO RD MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P GARRISON, BRENT K 1842 SAN MARCO RD MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. 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 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: <u><i>Brent Garrison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/22/07</b> <small>Date Daytime Phone #</small>																													

change to