



FILED

Jan 14, 2008 08:00 AM
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000056181			
1. Entity Name MARCO VETERINARY HOSPITAL, P.A.			
Principal Place of Business 1842 SAN MARCO RD MARCO ISLAND, FL 34145		Mailing Address 1842 SAN MARCO RD MARCO ISLAND, FL 34145	
DO NOT WRITE IN THIS SPACE			
		 01042008 No Chg-P CRZE034 (11/05)	
		4. FEI Number 59-3458880	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRISON, BRENT 1842 SAN MARCO ROAD MARCO ISLAND, FL 34145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000780658 01/15/08-80003-008 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GARRISON, BRENT K 1842 SAN MARCO RD MARCO ISLAND, FL 34145		
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DO NOT WRITE IN THIS SPACE			
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>Brent K Garrison D/P</u>		<u>1-7-08</u>	<u>239-394-2535</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>