2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000076204

Entity Name: LAKE PARK ANIMAL MEDICAL CLINIC. INC

FILED Feb 26, 2008 Secretary of State

Entity Na	Me: LAKE PA	RK ANIMAL MEDICAL CLINIC	, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	DIXIE HWY RK, FL 33403				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DIXIE HWY RK, FL 33403				
FEI Number	: 65-0778410	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
505 MARL NORTH P The above	ALM BEACH, I	FL 33408 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: <u>K. HOPE</u>	WRIGHT			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MARLIN-WRIG 505 MARLIN R NPB, FL 3340	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARLIN, JOHN 5600 N FLAGL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: K. HOPE WRIGHT P 02/26/2008