2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# P97000106439

Entity Name: GATEWAY ANIMAL HOSPITAL, INCORPORATED

Current Principal Place of Business:

12220 TOWNE LAKE DR, STE 50
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12220 TOWNE LAKE DR, STE 50
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 65-0804331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, SEAN M D.V.M.
11472 WATERFORD VILLAGE DR
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

MURPHY, SEAN M D.V.M.
3217 SANTA BARBARA BLVD. N
CAPE CORAL, FL 33993 US

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: 08/31/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MURPHY, SEAN A DVM
Address: 12220 TOWNE LAKE DRIVE #50
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SEAN A. MURPHY D.V.M. PRES 08/31/2004
Electronic Signature of Signing Officer or Director — Date