2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P98000019098

Entity Name: ANIMAL MEDICAL CENTER OF LEHIGH ACRES, P.A.

Current Principal Place of Business:

2919 5TH ST. WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

61 BELL BLVD N
UNIT 2
LEHIGH ACRES, FL 33936

Current Mailing Address:

2919 5TH ST. WEST
LEHIGH ACRES, FL 33971

New Mailing Address:

61 BELL BLVD N
UNIT 2
LEHIGH ACRES, FL 33936

FEI Number: 65-0814092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, LAWRENCE J
2919 5TH ST. WEST
LEHIGH ACRES, FL 33971

Name and Address of New Registered Agent:

MURPHY, LAWRENCE J
61 BELL BLVD N
UNIT 2
LEHIGH ACRES, FL 33936

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: 04/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MURPHY, LAWRENCE J
Address: 2919 5TH ST. WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: MURPHY, ELIZABETH D
Address: 2919 5TH ST. WEST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MURPHY, LAWRENCE J
Address: 61 BELL BLVD N, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DST (X) Change ( ) Addition
Name: MURPHY, ELIZABETH D
Address: 61 BELL BLVD N, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936

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: LAWRENCE J MURPHY DP 04/27/2004
Electronic Signature of Signing Officer or Director — Date