2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P98000073410

Entity Name: WILLIAM CHAVEZ, D.V.M.,P.A.

Current Principal Place of Business:

BIRD & EXOTIC WILDLIFE HOSPITAL
6800 BIRD ROAD, # 406
MIAMI, FL 33155

New Principal Place of Business:

BIRD & EXOTIC WILDLIFE HOSPITAL
430 NW 127TH AVENUE
MIAMI, FL 33182

Current Mailing Address:

430 NW 127 AVE.
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-0947693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVEZ, WILLIAM DVM
430 NW 127TH AVE.
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CHAVEZ, WILLIAM DVM
Address: 430 N.W. 127TH AVENUE
City-St-Zip: MIAMI, FL 33182

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 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: WILLIAM CHAVEZ, DVM PT 04/29/2009
Electronic Signature of Signing Officer or Director — Date