2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

FILED DOCUMENT # P98000093993 Feb 11, 2005 08:00 AM Secretary of State 1. Entity Name DR. KAREN'S ANIMAL HOSPITAL, INC. Principal Place of Business Mailing Address 1940 KINGS HIGHWAY 1940 KINGS HIGHWAY SUITE 3 SUITE 3 PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3544640 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAMANS, KAREN Street Address (P.O. Box Number is Not Acceptable) 1940 KINGS HIGHWAY SUITE 3 PORT CHARLOTTE FL 33980 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSD** ☐ Delete HILE Change A.S. NAME SEAMANS, KAREN NAME 1940 KINGS HIGHWAY, SUITE 3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PORT CHARLOTTE FL 33980 CITY-ST-ZIP THE ☐ Delete TITLE Change Arsini. NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILLE Delete. TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TILLE ☐ Delete ☐ Change A.Liii MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change D A. T. //000000225341 02/11/05-80024-021 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 782 TITLE ☐ Delete TITLE ☐ Change Arkiiii NAME MAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in

- 66-8555 Laren Seamans VMD, Pres 1/31/05 941-766-8555