


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000096200 1. Entity Name RICHARD B. CLARK, D.V.M., P.A.	
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Principal Place of Business 2473 NORTH CITRUS BLVD. LEESBURG, FL 34748	Mailing Address 2473 NORTH CITRUS BLVD. LEESBURG, FL 34748
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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3543602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, RICHARD B 2473 NORTH CITRUS BLVD. LEESBURG, FL 34748	
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARK, RICHARD B 2473 NORTH CITRUS BLVD LEESBURG, FL 34748
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01/16/07-80031-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Clark, DVM Richard Clark, DVM 1-11-2007 (352) 287-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #