

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048104

FILED
Apr 19, 2006
Secretary of State

Entity Name: VETERINARY INTERNISTS OF BREVARD, P.A.

Current Principal Place of Business:

5775 SCHENCK AVENUE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

5775 SCHENCK AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3579479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, DAVID H ESQ.
1581 ROBERT J. CONLAN BLVD., N.E., STE. 100
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

ANIMAL SPECIALTY HOSPITAL
5775 SCHENCK AVE
ROCKLEDGE, FL 32955 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: THOMAS A. SMITH

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, THOMAS A
Address: 4475 CHICAGO AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SMITH, THOMAS A
Address: 4475 CHICAGO AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS A. SMITH

DR

04/19/2006

Electronic Signature of Signing Officer or Director

Date