2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P99000087511

Entity Name: SWITZERLAND - FRUIT COVE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1430 STATE RD. 13 N.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1430 STATE RD. 13 N.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3602138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREDEHOEFT, MICHAEL P
2905 ALGOQUIN AVENUE
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

BREDEHOEFT, MICHAEL P
4732 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

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: _____ 04/08/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BREDEHOEFT, MICHAEL
Address: 2905 ALGONGUIN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BREDEHOEFT, MICHAEL
Address: 4732 ORTEGA FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL P. BREDEHOEFT PRES 04/08/2004
Electronic Signature of Signing Officer or Director — Date