2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P99000102757

Entity Name: BRICK CITY CAT HOSPITAL, P.A.

Current Principal Place of Business:

702 S. MAGNOLIA AVE., UNIT 1
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

702 S. MAGNOLIA AVE., UNIT 1
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3610156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, J. HERBERT
2800 E. SILVER SPRINGS BLVD., STE. 202
OCALA, FL 34470 US

Name and Address of New Registered Agent:

WILLIAMS, J. HERBERT
702 S. MAGNOLIA AVENUE, UNIT 2
OCALA, FL 34474 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: _____ 04/11/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: SALPETER, JENNIFER DVM
Address: 702 S. MAGNOLIA AVE., UNIT 1
City-St-Zip: OCALA, FL 34474

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 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: JENNIFER B SALPETER DR. 04/11/2007
Electronic Signature of Signing Officer or Director — Date