


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S94934**  
 1. Entity Name  
 AVALON ANIMAL HOSPITAL, P.A.



Principal Place of Business  
 6603 FLORIDA AVENUE  
 TAMPA, FL 33604

Mailing Address  
 6603 FLORIDA AVENUE  
 TAMPA, FL 33604

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3104559	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHABBOUR R GHABBOUR  
 6603 FLORIDA AVENUE  
 TAMPA, FL 33604

**DO NOT WRITE IN THIS SPACE**

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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHABBOUR, GHABBOUR R 6603 FLORIDA AVNEUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GHABBOUR, AIDA 6603 FLORIDA AVENUE TAMPA, FL
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 04/10/08-80078-003 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **3/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #