2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V58373

1. Entity Name
WENDY ANN WEIL, D.V.M., P.A.

Principal Place of Business	Mailing Address
30 BAYTREE CIRCLE	30 BAYTREE CIRCLE
BOYNTON BEACH, FL 33436	BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0350714	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEIL, WENDY ANN
30 BAYTREE CIRCLE
BOYNTON BEACH, FL 33436

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, 2006 Fee will be $550.00

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

01000381859
01/11/06-80066-018 150.00

10.   *OFFICERS AND DIRECTORS*

TITLE	DR
NAME	WEIL, WENDY ANN
STREET ADDRESS	30 BAYTREE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ (wendy weil)   1-6-6   561 439 1414

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