2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2007 08:00 AM **DOCUMENT # V58373 Secretary of State** 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** 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0350714 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEIL, WENDY ANN DO NOT WRITE 30 BAYTREE CIRCLE BOYNTON BEACH, FL 33436 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) UUUUUUS883**5**4 50070-002 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DR WEIL, WENDY ANN NAME 30 BAYTREE CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS