2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 12, 2005 08:00 AM Secretary of State DOCUMENT # veoe96 ALL BIRDS, CATS, DOGS & EXOTICS ANIMAL HOSPITAL, INC. Principal Place of Business Mailing Address 3820 BURNS RD 3820 BURNS RD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business _ 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE Applied For 4. FEI Number City & State City & State 65-0359077 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDRICKSON, PAMELA J. Street Address (P.O. Box Number is Not Acceptable) 3820 BURNS RÓAD PALM BEACH GARDENS FL 33410 Zip Code City 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 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DILE VTD ☐ Delete Change Addition PERCHICK, MARK I U00000300525 STREET ADDRESS 14289 BANDED RACCOON DR. STREET ADDRESS 04/12/05-80024-002 158.75 PALM BEACH GARDENS FL CITY - ST - ZIP CITY-ST-ZIP PSD ☐ Change TITLE ☐ Delete FETTE F Addition HENDRICKSON, PAMELA J NAME NAME 3820 BURNS RD STREET ADDRESS CIRCELADOPESS PALM BCH GARDENS FL City-St-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE 71D F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY ST-7IP CHY-ST-712 ☐ Addition TITLE ☐ Delete THE E Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 I 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayrne Phone &

FILED