## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 630033

JOSEPH R. PRIEST, D.V.M., P.A.

Principal Place of Business

909 WEST BEARSS AVENUE **TAMPA FL 33613** 

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

809 WEST BEARSS AVENUE **TAMPA FL 33613** 

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90046 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/19/1979

59-1926388

4. FEI Number

22		27			5. Certificate of Status Desired	Fee Red	quired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current year Intane	gible	
24	25	29 3	30		· · · · · · · · · · · · · · · · · · ·	-	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	4.4		81	Name			•
PRIEST, JOSEPH R. 809 WEST BEARSS AVENUE			00	32 Street Address (P.O. Box Number is Not Acceptable)			
			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33613				83			
					the factor of the first fill	1.36	
			84	City	E1	85 Zip C	ode ""
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	-named corr	poration submits this statement for the purpose of ch	anging its (	renistered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized by 1	the corporation	ion's board of directors. I hereby accept the appointn		
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statutes.				
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		<sup> </sup>
12.	Signature, typed or printed name of registered agen	D DIRECTORS (NOTE: R	13.	. signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DC IN 12
TITLE	PSD OFFICERS AN	DELETE	1.1 TITLE	$\overline{}$		Change	Addition
NAME	PRIEST, JOSEPH R, DVM		1.2 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST	- ZIP			
TITLE	TV	☐ DELETE	2.1 TITLE		. <b>L</b>	] Change	Addition
NAME	PRIEST, DOLORES		2.2 NAME				
STREET ADDRESS	14016 SHADY SHORES DR		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST	r-zip			
TITLE		☐ DELETE	3.1 TITLE			] Change	☐ Addition
NAME			3.2 NAME	ļ	, where a section		
STREET ADDRESS			3.3 STREET	ADORESS		on as k	e in assert
CITY-ST-ZIP				, 2001 (200)			
			3.4. CITY-ST				
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and that my signature shall have the same legal effect as it made under oath; that I am an te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an