

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000081448

1. Entity Name
PARKVIEW ANIMAL HOSPITAL, INC.



Principal Place of Business
3720 54TH AVE. NORTH
ST. PETERSBURG, FL 33714

Mailing Address
3720 54TH AVE. NORTH
ST. PETERSBURG, FL 33714



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3733135	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

GOLDSTON, RICHARD T
3720 54TH AVE. NORTH
ST. PETERSBURG, FL 33714

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDSTON, RICHARD T
STREET ADDRESS	3720 54TH AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714

TITLE	SD
NAME	HOELZLE, MICHELINA C
STREET ADDRESS	3720 54TH AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/19/05-80037-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05 727
526-3137
Date Daytime Phone #