

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117320

**FILED**  
**Jan 23, 2005**  
**Secretary of State**

**Entity Name:** TIFFANY ATTEBERRY, D.V.M., P.A.

**Current Principal Place of Business:**

551 SW 85TH ST.  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5808  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 82-0570846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE MCGOVERN GROUP, INC.  
2237 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ATTEBERRY, TIFFANY  
Address: 551 SW 85TH ST.  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: ATTEBERRY, TIFFANY  
Address: 551 SW 85TH ST.  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY ATTEBERRY

DR.

01/23/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date