


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-16-2004 90032 030 ***150.00

DOCUMENT # P03000151756
 1. Entity Name
PEBBLE CREEK VETERINARY MEDICAL GROUP, INC.



Principal Place of Business Mailing Address
9801 W HILLSBOROUGH AVE 9801 W HILLSBOROUGH AVE
TAMPA FL 33615 TAMPA FL 33615

66408393



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **20-0489915** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WELBORN, LINK
9801 W HILLSBOROUGH AVE
TAMPA FL 33615

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WELBORN, LINK	
STREET ADDRESS	9801 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	LASSETT, TIMOTHY P	
STREET ADDRESS	9801 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 3-9-04 Daytime Phone # 813-885 4477