

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151756

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PEBBLE CREEK VETERINARY MEDICAL GROUP, INC.

**Current Principal Place of Business:**

9801 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**New Principal Place of Business:**

19651 BRUCE B DOWNS  
D5  
TAMPA, FL 33647

**Current Mailing Address:**

9801 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**New Mailing Address:**

19651 BRUCE B DOWNS  
D5  
TAMPA, FL 33647

FEI Number: 20-0489915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WELBORN, LINK  
9801 W HILLSBOROUGH AVE  
TAMPA, FL 33615 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: P ( ) Delete  
Name: WELBORN, LINK  
Address: 9801 W HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33615

Title: VTS ( ) Delete  
Name: LASSETT, TIMOTHY P  
Address: 9801 W HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33615

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LINK V WELBORN

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date