

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098182

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL ANIMAL HOSPITAL ON PINELLAS POINT, P.A.

**Current Principal Place of Business:**

2555 PINELLAS POINT DRIVE SOUTH  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

4801 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 20-3207634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, MARK C  
4801 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703 US

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

BROWN, MARK C DVM  
4801 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33703 US

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: MARK C BROWN DVM

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BROWN, MARK C  
Address: 4801 FOURTH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

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

Title: PRES (X) Change ( ) Addition  
Name: BROWN, MARK C DVM  
Address: 4801 FOURTH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK C BROWN DVM

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date