

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000151756

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC1297140119**

**Entity Name:** PEBBLE CREEK VETERINARY MEDICAL GROUP, INC.

**Current Principal Place of Business:**

19440 BRUCE B DOWNS BLVD  
TAMPA, FL 33647

**Current Mailing Address:**

19440 BRUCE B DOWNS BLVD  
TAMPA, FL 33647

**FEI Number: 20-0489915**

**Certificate of Status Desired: No**

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

WELBORN, LINK  
5023 EAST BUSCH BLVD  
TAMPA, FL 33617 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            P  
Name            WELBORN, LINK  
Address        5023 EAST BUSCH BLVD  
City-State-Zip: TAMPA FL 33617

Title            VTS  
Name            LASSETT, TIMOTHY P  
Address        9801 W HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33615

*I hereby 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 all other like empowered.*

**SIGNATURE: LINK WELBORN**

**PRESIDENT**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date