

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 12:13

DOCUMENT # 630033 (9)

1. Corporation Name  
JOSEPH R. PRIEST, D.V.M., P.A.

Principal Place of Business: 809 WEST BEARSS AVENUE TAMPA FL 33613  
Mailing Address: 809 WEST BEARSS AVENUE TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		9. Date Incorporated or Chartered	3a. Date of Last Report
21		26		07/19/1979	04/19/1994
22 State, Apt. #, etc.		27 Date, Apt. #, etc.		4. FLI Number	Applied For
23 City & State		28 City & State		59-1926388	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRIEST, JOSEPH R. 809 WEST BEARSS AVENUE TAMPA FL 33613				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	PSD PRIEST, JOSEPH R, DVM	11.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS	14016 SHADY SHORES DR	11.2 STREET ADDRESS	
11.3 CITY, ST, ZIP	TAMPA FL	11.3 CITY, ST, ZIP	
11.4 NAME	TV PRIEST, DOLORES	11.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 STREET ADDRESS	14016 SHADY SHORES DR	11.5 STREET ADDRESS	
11.6 CITY, ST, ZIP	TAMPA FL	11.6 CITY, ST, ZIP	
11.7 NAME		11.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8 STREET ADDRESS		11.8 STREET ADDRESS	
11.9 CITY, ST, ZIP		11.9 CITY, ST, ZIP	
11.10 NAME		11.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.11 STREET ADDRESS		11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP		11.12 CITY, ST, ZIP	
11.13 NAME		11.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 STREET ADDRESS		11.14 STREET ADDRESS	
11.15 CITY, ST, ZIP		11.15 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 119.02(9)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. Not I, an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 129, Florida Statutes, and that my name appears in Block 12 or Block 13 if it has changed, or on an attached sheet with my address.

SIGNATURE: *Joseph R. Priest* 2/10/95 813-961-1222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR