

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630033

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** JOSEPH R. PRIEST, D.V.M., P.A.

**Current Principal Place of Business:**

14016 SHADY SHORES DR.  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14016 SHADY SHORES DR.  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 59-1926388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRIEST, JOSEPH R.  
14016 SHADY SHORES DR.  
TAMPA, FL 33613 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: PSD  
Name: PRIEST, JOSEPH R, DVM  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613 US

Title: TV  
Name: PRIEST, DOLORES  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613 US

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: JOSEPH R PRIEST

PSD

04/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date