

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F98231
1. Entity Name
SHAW AND SIMON, D.V.M.'S, P.A.

The seal of the Federal Bureau of Investigation (FBI) is located in the top right corner of the document. It features a circular design with the words "DEPARTMENT OF JUSTICE" and "FEDERAL BUREAU OF INVESTIGATION" around the perimeter, and a central shield with various symbols.

Principal Place of Business	Mailing Address
13221 N DALE MABRY HIGHWAY TAMPA, FL 33618	13221 N DALE MABRY HIGHWAY TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2229575	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, ARTHUR M 13221 N DALE MABRY HWY TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SIMON, ARTHUR M 13221 N DALE MABRY HWY TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAW, BRIAN M, DVM 13221 N DALE MABRY HWY TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FLICKER, GARY P 13221 N DALE MABRY HWY TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			

U000000122172
04/21/04-80018-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Σύνολο

Davidson, Moore 11