



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90074 013 \*\*\*150.00

<b>DOCUMENT # G48064</b> 1. Entity Name <b>QUAIL HOLLOW ANIMAL HOSPITAL, HEIDI GOSS, D.V.M., P.A.</b>						
Principal Place of Business <b>27519 STATE ROAD 54 ZEPHYRHILLS, FL 33543 US</b>				Mailing Address <b>27519 STATE ROAD 54 ZEPHYRHILLS, FL 33543 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<b>94007489</b> 		
4. FEI Number <b>59-2317761</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GOSS, HEIDI 27519 STATE ROAD 54 ZEPHYRHILLS, FL 33543</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8424 West Dr</b> City <b>Wesley Chapel</b> <b>FL</b> Zip Code <b>33544</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOSS, HEIDI 27519 STATE ROAD 54 ZEPHYRHILLS, FL 33543		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8424 West Dr Wesley Chapel FL 33544</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE: <i>[Signature]</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1-26-04</b> <small>Date</small>		
				<b>813-973-3010</b> <small>Daytime Phone #</small>		