

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61977

FILED
Jan 06, 2006
Secretary of State

Entity Name: BAYSHORE ANIMAL CLINIC OF TAMPA INC.

Current Principal Place of Business:

4205 S. MACDILL AVENUE
K
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4205 S. MACDILL AVENUE
K
TAMPA, FL 33611

New Mailing Address:

FEI Number: 65-0103731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINGALIE, WILLIAM JOHN
4205 S MACAILL AVE #K
TAMPA, FL 33611 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 () Delete
Name: ZINGALIE, WILLIAM JO, HN
Address: 4205 S MACDILL AVENUE SUITE K
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: ROSENBERG, STUART R
Address: 4205 S MACDILL AVENUE SUITE K
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM JOHN ZINGALIE

PSD

01/06/2006

Electronic Signature of Signing Officer or Director

Date