

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90037 007 ***150.00

DOCUMENT # L24355

1. Entity Name

MARK S MATHUSA, D.V.M., P.A.



Principal Place of Business

785 JUPITER BLVD
PALM BAY FL 32907

Mailing Address

785 JUPITER BLVD
PALM BAY FL 32907

Address Change to:



2. Principal Place of Business - No P.O. Box #

175 ELFIN ST

3. Mailing Address

State, Apt. #, etc.

Palm Bay, FL 32909

State, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2978291

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHEEK, TAMARA~~

1601 AIRPORT BLVD, STE 2
MELBOURNE FL 32901

Name

Andrew Arno

Street Address (P.O. Box Number is Not Acceptable)

1601 Airport BL STE 2

City

Melbourne, FL

FL

Zip Code

32901

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]

Signature, typed or printed name of registered agent (if not applicable).

(NOTE: Registered Agent signature required when "amending")

1/30/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP ☐ Delete
NAME MATHUSA, MARK S
STREET ADDRESS 175 ELFIN STREET
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME MATHUSA, MARK S
STREET ADDRESS 175 ELFIN STREET
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

321676 9519

Date

Daytime Phone #