

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L89937

1. Entity Name
TAMPA BAY VETERINARY SURGERY, INC.



Principal Place of Business
**1501 A BELCHER ROAD S
LARGO, FL 33771 US**

Mailing Address
**1501 A BELCHER ROAD S
LARGO, FL 33771 US**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3027326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELPHREY, MELVIN L.
1501 A BELCHER RD S
LARGO, FL 33771**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME HELPHREY, MELVIN, L
STREET ADDRESS 1501 A BELCHER RD S A-1
CITY-ST-ZIP LARGO, FL 33771

TITLE V
NAME HELPHREY, ANGELIKA
STREET ADDRESS 104 DUTCHMAN LANE
CITY-ST-ZIP ASHEVILLE, NC 28803

TITLE
NAME
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02/08/06-80068-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Melvin L. Helphrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/21/06* Daytime Phone #