

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000063144

1. Entity Name
SUNCOAST VETERINARY ASSOCIATES, INC.



Principal Place of Business
8578 PARK BLVD
LARGO, FL 33777

Mailing Address
8578 PARK BLVD
LARGO, FL 33777



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3655788

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUMORE, MICHAEL J
8578 PARK BLVD
LARGO, FL 33777

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000287997
04/04/05-80093-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P TD
NAME	RUMORE, MICHAEL J
STREET ADDRESS	8578 PARK BLVD
CITY - ST - ZIP	SEMINOLE, FL 33777
TITLE	S
NAME	WIEDER, STACEY
STREET ADDRESS	8578 PARK BLVD
CITY - ST - ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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

3/30/05

Date

727 593 4644

Daytime Phone #