

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101739

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: HYDE PARK VETERINARY CLINIC, INC.

## Current Principal Place of Business:

1111 W SWANN AVE  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

1111 W SWANN AVE  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 59-3751970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARPER, MICHELE M  
3111 W COACHMAN AVE  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

HARPER, MICHELE M  
217 N. 12TH ST #114  
TAMPA, FL 33602 US

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: MICHELE HARPER

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: HARPER, MICHELE M  
Address: 3111 W COACHMAN AVE  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: HARPER, MICHELE M  
Address: 217 N. 12TH ST #114  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE HARPER

DR.

01/03/2005

Electronic Signature of Signing Officer or Director

Date