


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P02000035490	
1. Entity Name NORTHWEST FLORIDA VETERINARY SERVICES, P.A.	

Principal Place of Business 450 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435	Mailing Address 450 BALDWIN AVE DEFUNIAK SPRINGS, FL 32435
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0653607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARK D
ANDREWS & DAVIS, ATTORNEY AT LAW
694 BALDWIN AVE, STE 1
DEFUNIAK SPRINGS, FL 32435

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8. The above named entity, its title, and 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 re-nt

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

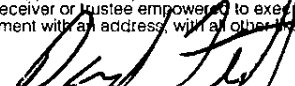
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000850644 03/25/08-80006-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEITSMA, DAVID III 450 BALDWIN AVENUE DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 persons empowered

SIGNATURE:  **3/06/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #