2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90121 042 ***150.00

DOCUMENT # P02000037875

1. Entity Name
BAYOU VETERINARY HOSPITAL, P.A.

Principal Place of Business	Mailing Address
9071 BELCHER ROAD PINELLAS PARK, FL 33782	9071 BELCHER ROAD PINELLAS PARK, FL 33782

05052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8214 Belcher Rd	8214 Belcher Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas PARK, FL	City & State: Pinellas PARK, FL
Zip: 33781 Country: USA	Zip: 33781 Country: USA

4. FEI Number 01-0648909 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COGLEY, THOMAS P
9071 BELCHER ROAD
PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent

Name: Cogley, THOMAS P
Street Address (P.O. Box Number is Not Acceptable): 8214 Belcher Road
City: Pinellas PARK FL Zip Code: 33781

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] THOMAS P. Cogley [signature] 5/04/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COGLEY, THOMAS P 9071 BELCHER ROAD PINELLAS PARK, FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cogley, THOMAS P. 8214 Belcher Road Pinellas PARK, FL 33781	☒ Change address ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] THOMAS P. Cogley 5-4-04 727 492-1831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #