2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91804 040 ***150.00

050202 AV

DOCUMENT # P02000037875

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

Principal Place of Business	Mailing Address
9478 60TH LANE PINELLAS PARK FL 33782	9478 60TH LANE PINELLAS PARK FL 33782

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9071 Belcher Road	9071 Belcher Rd
Suite, Apt. #, etc. -0-	Suite, Apt. #, etc. -0-
City & State: Pinellas Park, FL.	City & State: Pinellas Park, FL.
Zip: 33782 Country: USA	Zip: 33782 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	7. Name and Address of New Registered Agent
COGLEY, THOMAS P 9478 60TH LANE PINELLAS PARK FL 33782	Name: COGLEY, THOMAS P Street Address (P.O. Box Number is Not Acceptable): 9071 Belcher Road City: PINELLAS PARK FL Zip Code: 33782

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: T P Cogley DATE: 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COGLEY, THOMAS P 9478 60TH LANE PINELLAS PARK FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COGLEY, THOMAS P 9071 BELCHER ROAD PINELLAS PARK FL 33782	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: T P Cogley REQUIRED 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #