

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 026 ***150.00

DOCUMENT # P02000055694

1. Entity Name
CROSS CREEK ANIMAL MEDICAL CENTRE, INC.



Principal Place of Business
**10028 CROSS CREEK BLVD
TAMPA, FL 33647**

Mailing Address
**10028 CROSS CREEK BLVD
TAMPA, FL 33647**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
37-1430772

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HODGE, TIMOTHY D
18212 TALDECO PLAZA
TAMPA, FL 33647**

Name
Timothy D. Hodge
Street Address (P.O. Box Number is Not Acceptable)
10843 Barbados Isle Dr.
City
Tampa FL Zip Code
33647

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

Timothy D. Hodge - 3/11/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**P
HODGE, TIMOTHY
10028 CROSS CREEK BLVD
TAMPA, FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10843 Barbados Isle Drive
Tampa, FL 33647** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MARTINEZ, EDWIN
10028 CROSS CREEK BLVD
TAMPA, FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10843 Barbados Isle Drive
Tampa, FL 33647** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Hodge 3/11/06 (813) 994-6929

Date

Daytime Phone #