

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90382 024 ***150.00

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1. Entity Name
ISLAND VETERINARY CARE CENTER, PA



Principal Place of Business
919 PANFERIO DR
PENSACOLA BEACH, FL 32561

Mailing Address
C/O BASS AND SANDFORT ACCOUNTANTS PA
1301 WEST GARDEN ST.
PENSACOLA, FL 32501



2. Principal Place of Business
913 PANFERIO DR
Suite, Apt. #, etc.

3. Mailing Address
913 PANFERIO DR
Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State

City & State
PENSACOLA BEACH FL

4. FEI Number
30-0114600

Applied For
Not Applicable

Zip Country

Zip Country
32561

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

6. Name and Address of Current Registered Agent

BASS AND SANDFORT ACCOUNTANTS PA
1301 WEST GARDEN ST.
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
LIMARIE RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
913 PANFERIO DR
City PENSACOLA BEACH FL Zip Code 32561

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]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/06

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
RODRIGUEZ, LUMARIE
919 PANFERIO DR
PENSACOLA BEACH, FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RODRIGUEZ, LUMARIE ☒ Change ☐ Addition
913 PANFERIO DR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/12/06 (850) 748-2242
Daytime Phone #