

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 043 ***150.00

DOCUMENT # P02000123558

1. Entity Name
PERSONABLE VETERINARY RELIEF, P.A.



Principal Place of Business
10702 PRESERVE LAKE DR. #109
TAMPA, FL 33626

Mailing Address
10702 PRESERVE LAKE DR. #109
TAMPA, FL 33626

54041258



2. Principal Place of Business
11934 SUGARTREE DR.

3. Mailing Address
11934 SUGARTREE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004

Chg-P

CR2E034 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number

11-3664555

Applied For

Not Applicable

Zip
33625

Country
US

Zip
33625

Country
US

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

DUGAS, EMILY A DVM
~~10702 PRESERVE LAKE DR. #109~~
~~TAMPA, FL 33626~~

11934 Sugar Tree Drive
Tampa, FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
☐ Delete
DUGAS, EMILY A DVM
~~10702 PRESERVE LAKE DR. #109~~ **11934 Sugar Tree Dr.**
~~TAMPA, FL 33626~~ **Tampa FL 33625**

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

TITLE
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Emily A. Dugas, DVM

04.03.04 (813)2158078