

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101484

FILED  
Apr 01, 2007  
Secretary of State

Entity Name: TIMBERVIEW PET CLINIC, P.A.

**Current Principal Place of Business:**

3740 NW 83RD STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3740 NW 83RD STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 61-1457923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ICE, CYNTHIA J D.V.M.  
3740 NW 83RD ST  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: ICE, CYNTHIA DVM  
Address: 7218 LAZY BONE RD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA J ICE

PTSD

04/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date