

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 043 ***150.00

DOCUMENT # P04000053779

1. Entity Name
CVC VETERINARY CENTERS, INC.



Principal Place of Business
32801 US HWY 19 NORTH
SUITE 100
PALM HARBOR, FL 34684

Mailing Address
32801 US HWY 19 NORTH
SUITE 100
PALM HARBOR, FL 34684

60032232



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
75-3152203

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

UCC FILING & SEARCH SERVICES INC.
1574 VILLAGE SQUARE BLVD #100
TALLAHASSEE, FL 32309

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, 2008 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
CEOP
PLANES, WILLIAM SR.
32801 US HWY 19 NORTH SUITE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PLANES, REGINA M
32801 US HWY 19 NORTH SUITE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITE, LANGFRED W
32815 US HWY 19 N
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BROWN, SHEAWN
32801 US HWY 19 N SUITE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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

Date

Daytime Phone #