


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90004 016 \*\*\*150.00

<b>DOCUMENT # P04000054720</b> 1. Entity Name SOUTHEAST VETERINARY ONCOLOGY, INC.	
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Principal Place of Business 280 CORPORATE WAY JACKSONVILLE, FL 32073	Mailing Address 280 CORPORATE WAY JACKSONVILLE, FL 32073
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**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0936678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MEEKS, TRACY L  
280 CORPORATE WAY  
JACKSONVILLE, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LADUE MEEKS, TRACY 280 CORPORATE WAY JACKSONVILLE, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEEKS, JOHN C 280 CORPORATE WAY JACKSONVILLE, FL 32073
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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: Tracy L. Ladue 904-278-3870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/27/06 Daytime Phone #