

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013524

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: SUNCOAST VETERINARY CARE CENTER, INC.

## Current Principal Place of Business:

PO BOX 103  
LAND O' LAKES, FL 34639

## New Principal Place of Business:

20319 STATE ROAD 54  
LUTZ, FL 33558

## Current Mailing Address:

PO BOX 103  
LAND O' LAKES, FL 34639

## New Mailing Address:

20319 STATE ROAD 54  
LUTZ, FL 33558

FEI Number: 20-2232323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIELS, JOANN DVM  
20319 SR 540  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

BUBLEY AND BUBLEY, P.A.  
3820 NORTHDAL BLVD.  
SUITE 312  
TAMPA, FL 33624 US

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: MARTIN BUBLEY

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SULLIVAN-TAMBOE, DEBORAH L DVM  
Address: PO BOX 103  
City-St-Zip: LAND O' LAKES, FL 34639

Title: D ( ) Delete  
Name: DANIELS, JO ANN DVM  
Address: PO BOX 103  
City-St-Zip: LAND O' LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SULLIVAN-TAMBOE, DEBORAH L DVM  
Address: 20319 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: DANIELS, JO ANN DVM  
Address: 20319 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify 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: DR. JO ANN DANIELS DVM

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date