

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000013524

**FILED**  
**Jul 05, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST VETERINARY CARE CENTER, INC.

**Current Principal Place of Business:**

20319 STATE ROAD 54  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

20319 STATE ROAD 54  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 20-2232323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH SULLIVAN-TAMBOE, DVM

D

07/05/2012

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

\_\_\_\_\_  
Date