


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90471 049 ***150.00

DOCUMENT # P05000015873 1. Entity Name BAYSIDE ANIMAL HOSPITAL, INC.					
Principal Place of Business 112 4TH STREET APALACHICOLA, FL 32320			Mailing Address 112 4TH STREET APALACHICOLA, FL 32320		
2. Principal Place of Business - No P.O. Box # 324 Long Ave		3. Mailing Address 324 Long Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St Joe, Florida		City & State Port St Joe, Florida		4. FEI Number 20-2255403	
Zip 32456		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
Zip 32456		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, MARK W CPA 219 AVENUE E APALACHICOLA, FL 32320				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIAGINI, LESLIE E 112 4TH STREET APALACHICOLA, FL 32320 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Biagini, Leslie E 324 Long Ave Port St Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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04262007 Chg-P CR2E034 (12/06)

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: Leslie E Biagini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____