

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90109 032 ***150.00

DOCUMENT # P05000133783					
1. Entity Name FLORIDA VETERINARY REFERRAL CENTER & 24 HOUR EMERGENCY AND CRITICAL CARE, INC.					
Principal Place of Business 5352 BERKELEY DRIVE NAPLES, FL 34112			Mailing Address 5352 BERKELEY DRIVE NAPLES, FL 34112		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3864389	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2640 GOLDEN GATE PKWY STE 305 NAPLES, FL 34105			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D ☐ Delete MARCH, ROBERT J 5352 BERKELEY DR NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TESCHKE, KIRK K 21810 SUNSET LAKE CT ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PARRA, JOSHUA L 15812 HAMPTON VILLAGE DR TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete TUBERVILLE, BRUCE V 6684 HUNTLEY LN NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Bruce Tuberville</i> Bruce Tuberville - V.P. 3-23-06 239-752-9700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					