

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 014 ***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
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40039811



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02242007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 20-3864389	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. 2390 TAMiami TRAIL NORTH SUITE 204 NAPLES, FL 34103	
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7. Name and Address of New Registered Agent.	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCH, ROBERT J 5352 BERKELEY DR NAPLES, FL 34112 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TESCHKE, KIRK K 21810 SUNSET LAKE CT ESTERO, FL 33928 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRA, JOSHUA L 15812 HAMPTON VILLAGE DR TAMPA, FL 33618 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUBERVILLE, BRUCE V 6684 HUNTLEY LN NAPLES, FL 34104 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P PARRA, JOSHUA L 21512 BELHAVEN WAY ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Robert J. March Robert J. March Vice Pres 3/15/07 239 774 3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #