

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165333

**FILED**  
**Feb 13, 2007**  
**Secretary of State**

**Entity Name:** BAKER VETERINARY SERVICES OF NW FLORIDA, INC.

**Current Principal Place of Business:**

5810B HIGHWAY 189 NORTH  
BAKER, FL 32531 25

**New Principal Place of Business:**

**Current Mailing Address:**

5810B HIGHWAY 189 NORTH  
BAKER, FL 32531 25

**New Mailing Address:**

5810 HIGHWAY 189 NORTH  
B  
BAKER, FL 32531 25

**FEI Number:** 59-3755913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRISH, PATRICIA A  
5810B HIGHWAY 189 N  
BAKER, FL 32531 US

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

PARRISH, PATRICIA A  
5810 HIGHWAY 189 N  
B  
BAKER, FL 32531 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:

02/13/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARRISH, PATRICIA A  
Address: 5810B HIGHWAY 189 N  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A. PARRISH

DVM

02/13/2007

Electronic Signature of Signing Officer or Director

Date