


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 004 ***150.00

DOCUMENT # P06000078243	
1. Entity Name BAYSHORE ANIMAL HOSPITAL OF SW FLORIDA, INC.	

Principal Place of Business 7608 TANIA LANE FORT MYERS FL 33917	Mailing Address 7608 TANIA LANE FORT MYERS FL 33917
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2. Principal Place of Business - No P.O. Box # 6351 Bayshore Rd	3. Mailing Address
Suite, Apt. #, etc. #50	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State N Ft Myers FL	City & State
Zip 33917	Country USA

4. FEI Number 20-3369764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent R&A AGENTS INC. 2320 FIRST STREET ATTN: MICHAEL S. YASHKO FORT MYERS FL 33901	
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7. Name and Address of New Registered Agent	
Name LISA NEUMAN D.V.M	
Street Address (P.O. Box Number is Not Acceptable) 7608 TANIA LANE	
City N FT MYERS	Zip Code FL 33917

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 Lisa Neuman DVM	DATE 2/4/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST NEUMAN, LISA M 7608 TANIA LANE FORT MYERS FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lisa Neuman DVM	DATE 2/4/07

239-997-9663