

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000078801

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** SOUTH TAMPA VETERINARY CARE, INC.

**Current Principal Place of Business:**

6310 S. DALE MABRY HWY  
TAMPA, FL 33611

**New Principal Place of Business:**

6310 S. DALE MABRY HWY  
TAMPA, FL 33611 UN

**Current Mailing Address:**

6310 S. DALE MABRY HWY  
TAMPA, FL 33611

**New Mailing Address:**

6310 S. DALE MABRY HWY  
TAMPA, FL 33611 UN

**FEI Number:** 26-0539878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GINEX KRAEMER, DENISE D  
4713 W. IOWA AVENUE  
TAMPA, FL 33616 US

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

GINEX, DENISE  
6310 S. DALE MABRY HWY  
TAMPA, FL 33611 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: DENISE GINEX

04/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GINEX, DENISE  
Address: 6310 S. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: DENISE GINEX

MGRM

04/22/2012

Electronic Signature of Signing Officer or Director

Date