


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000028365 1. Entity Name LAKE SIDE ANIMAL CLINIC INC						FILED 06 MAY 30 AM 10:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8549 GUNN HWY. ODESSA, FL 33556				Mailing Address 2502 ROCKY POINT DR IVE 1000 TAMPA, FL 33607 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DIASTI, TEREK 2502 N ROCKY POINT DRIVE STE 1000 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name WALTER S. SANDERS Street Address (P.O. Box Number is Not Acceptable) 16528 N. DALE MABRY HWY. City TAMPA			
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.				4. FEI Number 59-2992058			
Signature, typed or printed name of registered agent and title if applicable.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE <i>Walter Sanders</i>				DATE 5-25-2006			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P DIASTI, TEREK <input type="checkbox"/> Delete 2502 N ROCKY POINT DR, STE 1000 TAMPA, FL 33607				700075970437 06/08/06--01006--005 **150.00			
VP DIASTI, ADAM <input type="checkbox"/> Delete 2502 N ROCKY POINT DR, STE 1000 TAMPA, FL 33607				300075970473 06/08/06--01006--006 **150.00			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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>Terak Diasti</i> TEREK DIASTI 5-25-2006 813-961-0094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			