1-31-91 B- 11114 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400002340 (5)

TAMPA BAY VETERINARY EMERGENCY SERVICES, INC.

Principal Place of Business		Mailing Address			a constant vin and i nati natis mater mater mater dates dates dates contra contra persi alabit mater cate	
1501 A SO BELCHER RD LARGO FL 34641 US		12213 TWIN BRANCH ACRES RD. TAMPA FL 33626-3712				
					3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 04/15/1996
flace of Business	- ×				4. FEI Number	Applied For
di ata			·····		59-3225534	Not Applicable
#, EtC.		ο.			6. Certificate of Status Desired	\$8.75 Additional Fee Required
e					S. Clastica Compaign Financiae	
	⊢ ¬ ′					\$5.00 May Be Added to Fees
Country	Zip	1	Country			7,0000,01,000
25	29	30				Yes No
9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Rec	istered Agent
'er, kathleen m			81	Name		
12213 TWIN BRANCH ACRES RD.				Street Add	dress (P.O. Box Number is Not Acceptable)	
IPA FL 33626			02			
				City		In 17-0-4
						FL 85 Zip Code
registered agent, or both, in the Sta	te of Florida. Such change:	was author	orized by	the corpora	poration submits this statement for the pa ation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
Signature, typed or prented hame of registered a	igent and title if applicable	(NOTE: Reg	jislered Ag	int signature requ	alred when reinstating)	DATE
			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
D	☐ DELET	E	1.1 THTLE			Change Addition
			1.2 NAME	1		
	S RD.		1.3 STREET	ADDRESS		
IAMPA FL 33626				T-ZIP	····	
	☐ DELET					Change Addition
	DELET			ST-ZIP		☐ Change ☐ Addition
1						Clarke Clydprion
				ADDRESS		
	DELET		4.1 TITLE			☐ Change ☐ Addition
		1	4. 2 NAME			· · · · · · · · · · · · · · · · · · ·
			4.3 STREET	ADDRESS		
			4.4 CITY - 5	l l		
	DELET	E	5.1 TITLE			Change Addition
	☐ DELET		5.1 TITLE 5.2 NAME			☐ Change ☐ Addition
	☐ DELET			ADDRESS		☐ Change ☐ Addition
			5.2 NAME	į		
	☐ DELET		5.2 NAME 5.3 STREET	į		☐ Change ☐ Addition☐ Change ☐ Addition☐
		E	5.2 NAME 5.3 STREET 5.4 CITY - S	į		
	Country 25 9. Name and Address of Curry (ER, KATHLEEN M 13 TWIN BRANCH ACRES RD. PA FL 33628 to the provisions of Sections 607.03 egistered agent, or both, in the Starm familiar with, and accept the oblining familiar with a familiar with a familiar with and accept the oblining familiar with a famil	LCHER RD 12213 TWIN BRANCH AMPA FL 33626-371 1226	LCHER RD 12213 TWIN BRANCH ACRES I TAMPA FL 33626-3712 28. Mailing Address 26. #, etc. Country 27 City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent ER, KATHLEEN M 13 TWIN BRANCH ACRES RD. PA FL 33626 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or profed harne of registered agent and tice if applicable OFFICERS AND DIRECTORS D MEYER, KATHLEEN M 12213 TWIN BRANCH ACRES RD. TAMPA FL 33626 DELETE	LCHER RD 12213 TWIN BRANCH ACRES RD. TAMPA FL 33626-3712 29. Mailing Address 26 #, etc. Suite, Apt #, etc. Country 25 9. Name and Address of Current Registered Agent ER, KATHLEEN M 13 TWIN BRANCH ACRES RD. PA FL 33628 83 84 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by im familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Significantly typed or posted harms of registered agent and the if applicable OFFICERS AND DIRECTORS D MEYER, KATHLEEN M 12213 TWIN BRANCH ACRES RD. TAMPA FL 33626 DELETE 1.1 TITLE 1.2 NAME 2.3 STREET 2.4 CITY-5 3.2 NAME 3.3 STREET 3.4 CITY-5 3.2 NAME 3.3 STREET 3.4 CITY-5 3.2 NAME 3.3 STREET 3.4 CITY-5 3.3 STREET 3.4 CITY-5 3.4 STREET 3.4 CITY-5 3.5 STREET 3.4 CITY-5 4.1 TITLE 4.2 NAME	12213 TWIN BRANCH ACRES RD. 1221	1213 TWIN BRANCH ACRES RD. 12213 TWIN BRANCH ACRES RD. TAMPA FL 33628-3712 3. Date incorporated or Qualified O1/03/1994 4. etc. 22. Mailing Address 24. Mailing Address 25. Suite, Apt #, etc. 27. Curl y & State 28. Suite, Apt #, etc. Country 27. Country 28. Typ 29. 30. This corporation has liability for in Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Reg ER, KATHLEEN M 13. TWIN BRANCH ACRES RD. PA FL 33626 14. City 15. City & State and Florida Statutes 16. Election Campsign Financing Trust Fund Contribution 17. Name and Address of New Reg 18. Name 19. Name and Address of New Reg 19. Name and Address of New Reg 29. Street Address (P.O. Box Number is Not Acceptable and Address of New Reg 20. Street Address (P.O. Box Number is Not Acceptable and Address of Countries of Sections 607 605, Florida Statutes, the above-named corporation submits this statement for the propriete dayaged of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept in familiar with and accept the obligations of, Section 607 605, Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICE 19. MEYER, KATHLEEN M 12. STREET ADDRESS 14. CITY SI- ZIP 12. DELETE 11. TITLE 22. STREET ADDRESS 14. CITY SI- ZIP 12. STREET ADDRESS 3. ACITY SI- ZIP 14. TITLE 4. 2 NAME 14. NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.