


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000015947 1. Entity Name TAMPA BAY VETERINARY SPECIALISTS, INC.	
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Principal Place of Business 1501A BELCHER ROAD SOUTH SUITE 1A LARGO, FL 33771-4505 US	Mailing Address 1501A BELCHER ROAD SOUTH SUITE 1A LARGO, FL 33771 US
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3232181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALD, GARY P
 1501A BELCHER ROAD SOUTH
 SUITE 1A
 LARGO, FL 33771-4505

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11000000051509
 02/16/04-80054-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO CAYATTE, SUZANNE M 1501A BELCHER RD S SUITE 1A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OAKES, MATT G 1501A BELCHER RD S SUITE 1A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSWALD, GARY P 1501A BELCHER RD S SUITE 1A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, THOMAS R 1501A BELCHER RD S SUITE 1A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAK, MICHAEL R 1501A BELCHER RD S SUITE 1A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIAN, IRVING 1501A BELCHER RD. S.SUITE 1-A LARGO, FL 33771

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  GARY P OSWALD 02/03/04 (727)535-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #