

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90036 014 \*\*\*150.00

**DOCUMENT # P94000015947**



1. Entity Name  
**TAMPA BAY VETERINARY SPECIALISTS, INC.**

Principal Place of Business <b>1501A BELCHER ROAD SOUTH SUITE 1A LARGO, FL 33771-4505 US</b>	Mailing Address <b>1501A BELCHER ROAD SOUTH SUITE 1A LARGO, FL 33771 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3232181</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD <b>CAYATTE, SUZANNE M</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD S SUITE 1A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		
TITLE	VD <b>OAKES, MATT G</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD S SUITE 1A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		
TITLE	PD <b>OSWALD, GARY P</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD S SUITE 1A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		
TITLE	TD <b>MILLER, THOMAS R</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD S SUITE 1A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		
TITLE	D <b>PEAK, MICHAEL R</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD S SUITE 1A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		
TITLE	D <b>GILLIAN, IRVING</b>	<input type="checkbox"/> Delete
NAME	<b>1501A BELCHER RD. S.SUITE 1-A</b>	
STREET ADDRESS	<b>LARGO, FL 33771</b>	
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Gary P. Oswald** 2-10-07 (727) 535-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #