2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000015947

1. Entity Name

TAMPA BAY VETERINARY SPECIALISTS, INC.



FILED Feb 22, 2008 8:00 am Secretary of State

02-22-2008 90019 026 ***150.00

		·		9					
Principal Place of Business		Mailing Address	<u> </u>	_					
1501A BELCHER ROAD SOUTH SUITE 1A LARGO, FL 33771-4505 US		1501A BELCHER ROAD SOUTH Suite 1A Largo, FL 33771 US		ų v ·					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008	Chg-P	CR2E034	l (12/06)		
City & State		City & State		4. FEI Number 59-3232			<u> </u>	olied For Applicable	
Zip	Country	Zip	Country		of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Ag	ent		
COMMIN CARVE			Name	Name					
OSWALD, GARY P 1501A BELCHER ROAD SOUTH SUITE 1A		Street Address		s (P.O. Box Numbe	r is Not Acceptable	e)			
LARGO, FL	_ 33771-4505								
	(2) (2) (2) (4) (4)		City			FL	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 Signature, typed or draphird name of registered agent and title if applicable. (NOTE: Hayistered Agent signature regularist when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution				55.00 May Be					
			.	ADDITIONS	011111050 to 055	TOEBO MID E	NECTOR	161 - 1	
10.	SD OFFICERS AND D	IREC FORS	11.	ADDITIONS/0	CHANGES TO OFF		□ Change	Addition	
TITLE NAME	SD CAYATTE, SUZANNE M	□ Delete	NAME				change	- 100,000	
STREET ADDRESS	1501A BELCHER RD S SUITE 1A		STREET AUDRESS					Í	
CITY+\$1-ZIP	LARGO, FL 33771		CITY-ST-ZIP						
TITLE	AD .	☐ Delete	TITLE	•		[☐ Change	Addition	
NAME STREET ADDHESS	OAKES, MATT G 1501A BELCHER RD S SUITE 1A		NAME STREET ADDRESS						
CITY - ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP						
mt	PD	☐ Delete	TITLE		•]	☐ Change	Addition	
NAME	OSWALD, GARY P		NAME						
STREET ADDRESS CITY+ST-ZIP	1501A BELCHER RD S SUITE 1A LARGO, FL 33771		STREET ADDRESS CITY-ST-ZIP						
TITLE	TD	Delete	TITLE			-	Change	Addition	
NAME	MILLER, THOMAS R	Delete	NAME			•			
STREET ADDRESS	1501A BELCHER RD S SUITE 1A		STREET ADDRESS					l	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP						
TITLE	D -	Delete	THILE			ļ	Change	Addition	
NAME STREET ADDRESS	PEAK, MICHAEL R 1501A BELCHER RD S SUITE 1A		NAME STREET ADDRESS						
CITY+ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP						
THLE	D	Delete	TITLE				☐ Change	Addition	
NAME	GILLIAN, IRVING	/\	NAME						
STREET ADDRESS	1501A BELCHER RD. S.SUITE 1	-A	STREET ADDRESS						
CITY - ST - ZIP	LARGO, FL 33771		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-

(727) S35-360