2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

						ary or Su	iii
DOCUMENT # P9500003822 1. Entity Name PATRICIA M. WESTON-BOGART, D.V.M., P.A.					01-25-2005 90054 044 ***150.00		
Principal Plac	e of Business	Mailing Address				CHRRETT	,
5732 ROWAN ROAD 5732 ROWAI		5732 ROWAN ROAD	*			5000620	•
						EBINI BOHI OFFOC IIION IONO IIERO III	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numl 59-328			plied For at Applicable
Zip	Country	Zìp	Country	5. Certificat	e of Status Desired	± _□ \$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name an	d Address of Nev	Registered Agent	
WESTON-BOGART, PATRICIA M 7642 PLATAE ROAD NEW PORT RICHEY, FL 34653			Name	Name			
			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
		·			·		
		<u> </u>	City			FL Zip Cod	
	 named entity submits this statement for tions of registered agent. 	the purpose of changing its re	gistered office or re	gistered agent, or b	oth, in the State of	Florida. I am familiar with,	and accept
trie obliga	tions of registered agent.	1-1	Trans 1	,			
SIGNATURE.	Signature, typed or printed name of registered agent a	Registered Agent signature	required when reinstaging)	·	1-21-05°	-	
		9. Election Campaign	Eigeneine	¢5 00 s			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			\$5.00 May Be Added to Fees			•
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO C	FFICERS AND DIRECTOR	S IN 11
TITLE	DPVT	☐ Delete	TITLE			☐ Change	Addition
NAME	WESTON-BOGART, PATRICIA N		NAME				
STREET ADDRESS	7642 PLATHE ROAD		STREET ADDRESS				
CITY+ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP				
TITLE	,	☐ Delete	TITLE			☐ Change	☐ Addition
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STREET ADDRESS	·		STREET ADDRESS				
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NAME		☐ Delete	CITY-ST-ZIP			☐ Change	Addition
	,	☐ Delete	TITLE .	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
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12. Thereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Date

727-848-8030