2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P95000082319

Entity Name: TAMPA FELINE MEDICAL GROUP, INC.

Current Principal Place of Business:

3607 SWANN AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3607 SWANN AVE
TAMPA, FL 33609

New Mailing Address:

9801 W HILLSBOROUGH AVE
TAMPA, FL 33615

FEI Number: 59-3341164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELBORN, LINK V DVM
5023 E BUSCH BLVD
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: WELBORN, LINK V DVM
Address: 5023 E BUSCH BLVD
City-St-Zip: TAMPA, FL 33617

Title: P ( ) Delete
Name: LASSETT, TIMOTHY P DVM
Address: 9801 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAYNA HAMADEY A 02/28/2006

Electronic Signature of Signing Officer or Director Date