

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082319

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** TAMPA FELINE MEDICAL GROUP, INC.

**Current Principal Place of Business:**

3607 SWANN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

3221 WEST AZEELE STREET  
TAMPA, FL 33609

**Current Mailing Address:**

9801 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**New Mailing Address:**

3221 WEST AZEELE STREET  
TAMPA, FL 33609

**FEI Number:** 59-3341164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: CASSY TIMKEN

PA

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date