2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000035899

HOLISTIC VETERINARY CARE, P.A.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8231 COACH RD SARASOTA, FL 34241 5824 BEE RIDGE RD. #423 SARASOTA, FL 34233 US

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DO NOT WRITE IN THIS SPACE

03072007	No Chg-P	CR2E034 (11/05)	
4. FEI Number			Applied For
65-0679576		Γ	Not Applicab

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PITCHFORD, JAN W ESQ. ABEL, BAND, ET AL 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ELIZABETH L 5824 BEE RIDGE RD. #423 SARASOTA, FL 34233						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000671742 03/28/07-80039-014 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
l indicated	on this report or supplemental report is true a poration or the receiver or trustee empowered	and accurate and that my signat	ure shall ha	ve the same legal effe	19, Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if		