



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 016 ***150.00

DOCUMENT # P97000015207					
1. Entity Name AIME PATRICK GAUVIN III, D.V.M., AND SHERRY JOHNSON GAUVIN, D.V.M., P.A.					
Principal Place of Business 4145 NW 53 AVE STE C GAINESVILLE, FL 32653 US			Mailing Address 4145 NW 53 AVE STE C GAINESVILLE, FL 32653 US		
2. Principal Place of Business - No P.O. Box # 5027 NW 34 St.		3. Mailing Address 5027 NW 34 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052008 Chg-P CR2E034 (12/06)	
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-3448504	
Zip 32605		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUVIN, AIME P III 4145 NW 53 AVE STE C GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5027 NW 34 St. City Gainesville FL Zip Code 32605		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAVIN, III A P 41475 NW 53 AVE, STE C GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5027 NW 34 St. Gainesville, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAUVIN, S J 4145 NW 53 AVE, STE C GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5027 NW 34 St. Gainesville, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>S. J. Gauvin</u> S. J. Gauvin 5-5-08 (352) 335-0041					