2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093505

1. Entity Name

TAMPA BAY VETERINARY EMERGENCY SERVICES OF HILLSBOROUGH, P.A.



Principal Place of Business

14925 N FLORIDA **TAMPA, FL 33613**

MEYER, KATHLEEN M 14925 N FLORIDA **TAMPA, FL 33613**

Mailing Address

14925 N FLORIDA

TAMPA, FL 33613 US

FILED Apr 03, 2006 8:00 am Secretary of State

03-21-2006 90045 011 *****1.50 04-03-2006 90356 002 ***148.50

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DO	NOI	WRITE	IN	IHIS	SPA	CE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 02202008

4. FEI Number 59-3478286

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

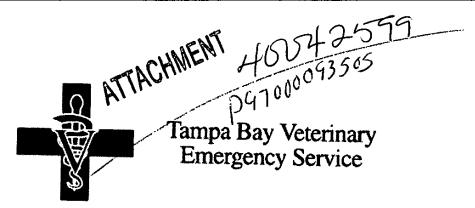
DO	NOT	WRITE
IN	THIS	SPACE

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								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECT	TORS			· · · · · · · · · · · · · · · · · · ·				
ITTLE D MEYER, KATHLEEN M STREET ADDRESS 12213 TWIN BRANCH ACRES CITY-ST-209 TAMPA, FL 33626								
TITLE NAME STREET ADDRESS CITY-ST-2.P								
TITLE NAME STREET ADDRESS CITY-ST-ZJP		DO NOT WRITE IN THIS SPACE						
TITLE MAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE HAME STREET ADDRESS CITY-S1-ZIP 12 Descript Contifue that the information appoint with this fill								

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 frustee 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:

M Meege Kuthleen M. Meyer



14925 N. Florida Ave Tampa FL 33613 813 265 4043

Department of Satement:

We had issued a check on 3/09/06 for \$1.50 check #8490. This check was written for an incorrect amount. The amount should have been \$150.00. Inclosed is new check fo the balance that should have been paid.

Thank you Michael Lord CVT Hospital Administrator 813-760 0293