

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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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1. Entity Name
**TAMPA BAY VETERINARY EMERGENCY SERVICES OF
HILLSBOROUGH, P.A.**



Principal Place of Business
**14925 N FLORIDA
TAMPA, FL 33613 US**

Mailing Address
**14925 N FLORIDA
TAMPA, FL 33613 US**

40042593



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3478286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! 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 DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYER, KATHLEEN M
12213 TWIN BRANCH ACRES
TAMPA, FL 33628**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

Kathleen M Meyer Kathleen M. Meyer 3/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-855-7816



ATTACHMENT

40542599

P97000093505

Tampa Bay Veterinary
Emergency Service

14925 N. Florida Ave
Tampa FL 33613
813 265 4043

Department of Statement:

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