


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000008048</b> 1. Entity Name <b>GULF COAST VETERINARY ONCOLOGY/INTERNAL MEDICINE REFERRAL, INC.</b>	
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Principal Place of Business <b>7517 S. TAMiami TrL SARASOTA, FL 34231</b>	Mailing Address <b>7517 S. TAMiami TrL SARASOTA, FL 34231</b>
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**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0811627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, HEIDI  
4765 SWEET MEADOW CIR  
SARASOTA, FL 34238**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, HEIDI 4765 SWEET MEADOW CIR SARASOTA, FL 34238
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04/13/06-80045-008 150.00

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR One Daytime Phone #