2007 FOR PROFIT CORPORATION ANNUAL REPORT: -

DOCUMENT # P98000008048

1. Entity Name

GULFCOAST VETERINARY ONCOLOGY/INTERNAL MEDICINE REFERRAL, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

7517 S. TAMIAMI TRL SARASOTA, FL 34231 Mailing Address

7517 S. TAMIAMI TRL SARASOTA, FL 34231



DO NOT WRITE IN THIS SPACE

04042007 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For	
65-0811	627		Not Applicable	
5. Certificate of	f Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WARD, HEIDI 4765 SWEET MEADOW CIR SARASOTA, FL 34238

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 little	a required when reinstating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS CITY-ST-ZIP	D WARD, HEIDI 4765 SWEET MEADOW CIR SARASOTA, FL 34238						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000715248 04/27/07-80056-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-					
12. I hereby co	ertify that the information supplied with this fill	ng does not qualify for the exer	nptions cont	tained in Chapter 119	Florida Statutes. I further certify that the information		

12. Thereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #