

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045178

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** ST. PETE BEACH VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

6605 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

6605 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

FEI Number: 59-3581690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, KEVIN M  
6605 GULF BLVD.  
ST. PETE BEACH, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROSE, KEVIN M  
Address: 650 79TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VS  
Name: ROSE, CHERYL  
Address: 650 79TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M ROSE

PRES

03/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date