

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000079453

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** TAMPA BAY VETERINARY NEUROLOGY, P.A.

**Current Principal Place of Business:**

238 EAST BEARSS AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

4725 HIGHGATE BLVD  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 59-3599498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRVING, GILLIAN P  
4725 HIGHGATE BLVD  
PALM HARBOR, FL 34685 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLIAN, IRVING P  
Address: 4725 HIGHGATE BLVD  
City-St-Zip: PALM HARBOR, FL 34685

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:** GILLIAN IRVING

P

05/02/2010

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

\_\_\_\_\_  
Date