2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000096761

1. Entity Name
SOUTHSIDE VETERINARY CLINIC, INC.

Principal Place of Business	Mailing Address
3012 SOUTH JIM REDMAN PARKWAY HIGHWAY 39 SOUTH PLANT CITY, FL 33566-9468	3012 SOUTH JIM REDMAN PARKWAY HIGHWAY 39 SOUTH PLANT CITY, FL 33566-9468

40057020

04102006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3627615 / Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEIRATHER, ANTHONY D 6199 BUCKHILL ROAD POLK CITY, FL 33868	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ... FL / Zip Code

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME WEIRATHER, PAMELA STREET ADDRESS POST OFFICE BOX 638 CITY-ST-ZIP POLK CITY, FL 338680638	☐ Delete	TITLE NAME STREET ADDRESS P.O. Box 93010 CITY-ST-ZIP LAKELAND, FL 33804	☒ Change ☐ Addition
TITLE TD NAME WEIRATHER, ANTHONY DR. STREET ADDRESS POST OFFICE BOX 638 CITY-ST-ZIP POLK CITY, FL 338680638	☐ Delete	TITLE NAME STREET ADDRESS P.O. Box 93010 CITY-ST-ZIP LAKELAND, FL 33804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4/21/06   863859 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #