

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-31-2008 90033 007 ***150.00

DOCUMENT # S05723 1. Entity Name BAY VIEW VETERINARY HOSPITAL, INC.																																	
Principal Place of Business 2333 ST. ANDREWS BLVD. PANAMA CITY FL			Mailing Address 2333 ST. ANDREWS BLVD. PANAMA CITY FL 32405 US																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State Zip		City & State Zip		4. FEI Number 59-3032940 ☐ Applied For ☐ Not Applicable																													
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BARTELS, RICK W DR. 2333 ST. ANDREWS BLVD. PANAMA CITY FL 32405				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed for printed name of registered agent and state the jurisdiction. (NOTE: Registered Agent signature required when not applicable)																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00. Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BARTELS, RICHARD W PRES</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2333 ST. ANDREWS BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY FL</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	BARTELS, RICHARD W PRES	☐	STREET ADDRESS	2333 ST. ANDREWS BLVD.		CITY-ST-ZIP	PANAMA CITY FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		☐	☐	STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Richard W Bartels</i> R. Richard W Bartels 2/28/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	