FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

432660

(9)

ANIMAL HOSPITAL OF LARGO, INC.

Principal Place of Business	Mailing Address	_
13902 WALSINGHAM RD LARGO FL 33774 US	13902 WILSINGHAM ROAD LARGO FL 33774 US	

27

FILED Feb 20 1998 8:00am Secretary of State



\$5.00 May Be

23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MOENTMAN, DEAN L. s Not Acceptable)

LARGO FL 34644	82	Street Address (P.O. Box Number is
	83	
	B4	City

2a. Mailing Address

City & State

Suite, Apt. #, etc.

6. Election Campaign Financing

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE ☐ Change TITLE 1.1 TIFLE MOENTMAN, DEBBIE 1.2 NAME NAME 13902 WALSINGHAM RD STREET ADDRESS 1.3 STREET ADDRESS LARGO, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MOENTMAN, DEAN L **2.2 NAME** STREET ADDRESS 13902 WALSINGHAM RD 2.3 STREET ADDRESS LARGO, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ■ Addition **NELSON, KRISTEN** NAME 3.2 NAME 13902 WALSINGHAM RD STREET ADDRESS 3.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if thangot, or on an alterpringit with an address.

SIGNATURE:

early Mouling

Dean L. Moontinuy OVA7 1/8/98 818-595-2287

R2E034 (10/97)