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FILED

Jan 17 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 678503

(4)

1. Corporation Name

RUSKIN ANIMAL HOSPITAL, P.A.

Principal Place of Business

715 SOUTH TAMiami TRAIL  
C/O HAROLD E. OTT  
RUSKIN FL 33570

Mailing Address

715 SOUTH TAMiami TRAIL  
C/O HAROLD E. OTT  
RUSKIN FL 33570-47493. Date Incorporated or Qualified  
07/15/19803a. Date of Last Report  
02/15/19964. FEI Number  
59-2015338Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTT, HAROLD E.  
715 SOUTH TAMiami TRAIL  
RUSKIN FL 33670

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OTT, HAROLD E.  
STREET ADDRESS 715 S. TAMiami TRAIL  
CITY - ST - ZIP RUSKIN FL11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD E. OTT, DVM 8-10-97 813-645-6411

Date

Daytime Phone #

CR2E034 (9/96)