

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90066 008 ***150.00

DOCUMENT # L16884

1. Corporation Name FLAGLER ANIMAL HOSPITAL, P.A.



Principal Place of Business 106 FLAGLER PLAZA DRIVE COAST, FL 32137 Mailing Address 106 FLAGLER PLAZA DRIVE PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1989

4. FEI Number 59-2965991

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business FLAGLER ANIMAL HOSP, PA Suite, Apt. #, etc.

2a. Mailing Address FLAGLER ANIMAL HOSP, PA Suite, Apt. #, etc.

22 130 OLD KINGS RD, S. City & State

27 130 OLD KINGS RD, S City & State

23 FLAGLER BCH, FL Zip Country

28 FLAGLER BCH FL Zip Country

24 32136 25 USA

29 32136 30 USA

9. Name and Address of Current Registered Agent

PERKINS, TERENCE R. MONACO SMITH HOOD & PERKINS 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a DELETED checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, and City-ST-ZIP, with Change and Addition checkboxes.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] Robert G. Tate Date: 4/16/99 Day/Time Phone #: (904)439-1606

CR2E034 (11/98)