

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 27 PM 2:59

DOCUMENT # **V04660** (9)

1. Corporation Name
ASHTON ANIMAL CLINIC, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6902 MANDARIN ROAD SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/07/1992** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 **5660 Ashton Rd** 26 **SAME**

4. FEI Number **65-0397807** Apply For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State **SARASOTA, FL** 28 City & State

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

24 Zip **34233** 25 Country **SARASOTA** 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLINGS INC.
3732 NW 18TH STREET
FT LAUDERDALE FL 33311**

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 (applicable)

PRINT Registered Agent (signature required after nomination)

(ATTN)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **IULO, STEVE**
STREET ADDRESS **6902 MANDARIN ROAD**
CITY - ST - ZIP **SARASOTA FL**

11 TITLE Change Addition

TITLE **D**
NAME **WALMSLEY, LAURIE**
STREET ADDRESS **6902 MANDARIN ROAD**
CITY - ST - ZIP **SARASOTA FL**

12 NAME Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

15 CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

17 CITY - ST - ZIP Change Addition

SIGNATURE *Laurie A. Walmsley DVM*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
LAURIE A. Walmsley DVM

02/21/95 8139772700