ANNU	POFIT PORATION AL REPORT 1996			Seci	PARTMENT ra B. Mortho retary of Sta DF CORPOR	am te					
	/ENT#	V61516	3	(3)							
ARK ANIMAL HOSPITAL, P.A.								1 18011 111810 E1181 11001 01181 111	14 <b>8</b> 01 <b>3</b> 11	DIE BEREIS BERIN GER	<b>                                    </b>
ncipal Place o	of Business		 Ma	iling Address							
1487 HWY 90 PACE FL 32571				4487 HWY 90 PACE FL 32571							
							3	Date Incorporated or Qualified 09/03/1992	3a.	Date of Last R 04/19/19	•
Principal Pla	ce of Business		2a. 26	Mailing Address			4	. FEI Number <b>59-3147150</b>		<b>├</b>	Applied For Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.			5	, Certificate of Status Desired			Additional Required
City & State			28	City & State			6	i. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	25	untry		Zip	30 Co	untry	8	. This corporation has liability for Florida Statutes	r intangit		199.032,
		ddress of Current		tered Agent		81 Name	10	). Name and Address of New	Registe	ored Agent	
	RLIN, C. DAVID					82 Street	Address (F	P.O. Box Number is Not Accepta	able)		
5530 GR	REENLEAF DR					82 Street	Address (f	P.Ö. Box Number is Not Accepta	able)		
5530 GR PACE FL	REENLEAF DR L 32571	Sections 607.0502 a	and 607	7.1508, Florida Sta	lutes, the ab	83 84 City	ornoration	submits this statement for the p	Uroose o	f changing its	p Code registered offic
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SIGNATURE: SIGNATURE AND TYPED DAPPINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22,1996 (904)994-0677