FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 237022

(9)

GAINESVILLE ANIMAL HOSPITAL, INC.

Principal Place of Business Mailing Address 2838 N. W. 6TH ST 2838 N. W. 6TH ST (P.O. BOX 1105.GAINESVILLE.FL.32602) (P.O. BOX 1105.GAINESVILLE.FL.32602) GAINESVILLE FL 32602-1106 GAINESVILLE FL 32602-1105 3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1960 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0901770 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, **3**0 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAMECK, JOHN H 2838 NW 6TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32602** 83 84 City 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. (NOTE: Registereo Agent signature required when reinstaling) Signature, typical or printed name of registers diagont and little if applicable OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change TITLE 1.1 TITLE SAMECK, JOHN H 1.2 NAME NAME 2838 NW 6TH ST STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TO LE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS OrTY-ST-ZIP 3.4. CITY - ST- ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS Dity-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE HILE

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 ch

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-St-ZiP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

THILE

NAME STREET ADDRESS

DITY-S1-ZiP

CHIY-ST-ZIP

DELETE

?- 5*72-5*3*6*6

Change

Addition

FILED

Feb 03 1997 8:00am

Secretary of State

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