

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 267392 (9)  
1. Corporation Name

**ANIMAL HEALTH CENTER INC**



Principal Place of Business

1224 OLD CORRY RD  
PENSACOLA FL

Mailing Address

1224 OLD CORRY RD  
PENSACOLA FL

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**ARONSON, DAVID B  
1224 OLD CORRY FIELD ROAD  
PENSACOLA FL**

3. Date Incorporated or Organized	3a. Date of Last Report
02/22/1963	05/01/1995
4. FID Number	Applied For Not Applicable
59-0998194	
5. Certificate of Status Dishes	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has a liability for intangible tax under s. 199.030, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 607.0607, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1	TITLE	PD	<input type="checkbox"/> DELETE
	NAME	ARONSON, DAVID B	
	STREET ADDRESS	1224 OLD CORRY FIELD RD	
	CITY-STATE-ZIP	PENSACOLA FL	
12.2	TITLE	SD	<input type="checkbox"/> DELETE
	NAME	KRASLESKY, CHARLES	
	STREET ADDRESS	1224 OLD CORRY FIELD RD	
	CITY-STATE-ZIP	PENSACOLA FL	
12.3	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		
12.4	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		
12.5	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	
13.2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	
13.3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	
13.4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	
13.6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluminous, complete and does not qualify for the exemption stated in Section 119.04(9)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial 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 registered business empowered to execute the 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: x **DR. DAVID B. ARONSON**  
*DAVID B. ARONSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/26/96 8044566619

CR2E034 (12/95)