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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

HENRY ANIMAL CLINIC, INC.

**FILED** 

May 21 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 3800 CREIGHTON BLVD 3800 CREIGHTON BLVD

| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State & Country  Country  Country  City & State & Country  City | FERIGIOUS I E 92504         |  | FERSAGOLA FL 32304   |  |                      |                               | DO NOT WRITE IN THIS SPACE   |            |                              |
|--|-----------------------------|--|--|--|----------------------|-------------------------------|--|------------|------------------------------|
| Principal Piace of Business   2a. Mailing Address   2b. Mailing Address   59-1316354   Not A; Suite, April #, etc.   59-1316354   Suite, April #, etc.   50-1316354   Suite,   |                             |  |  |  |                      |                               | 3. Date Incorporated or Qualified  |            |                              |
| Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Added to Fee Required  Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Tust Fund Contribution   Added to Fee Required  Fee Required  Fee Required  Added to Fee Required  Fund Contribution   Added to Fee Required  Fe |                             |  |  |  |                      |                               |  |            |                              |
| Suite. Apt. #, efc    Suite. Apt. #, efc.  | <del>-</del> '              | 2a. Mailing Address  |  |  |                      |                               |  | pplied For |                              |
| City & State  Ci |                             |  |  |  |                      |                               | 59-1316354   |            | ot Applicable                |
| City & State  28]  City & State  City & State  City & State  28]  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Resonal Proporty Tax due June 30  Personal Proporty Tax due June 30  Ves  Name  8. Name and Address of Current Registered Agent  HENRY, WCTOR L.  3800 CREIGHTION ROAD  PENSACOLA FL 32504  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  85  Signature  10. Name and Address of New Registered Agent  HENRY, WCTOR L.  3800 CREIGHTION ROAD  PENSACOLA FL 32504  84  City  FL  85  City  FL  85  City Cod  11. Pursuant to the provisions of Socions 607 0502 and 607 1506, Florida Statules, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, or both, in this State of Florids Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as reg signed. Limit familiar with, and accept the chippianous of, Scione 607 0502 forded Statules  SIGNATURE  Spatial registered agent ag | <del></del>                 | #, etc.  | <b>⊢</b> ` `   |  |                      |                               | 5. Certificate of Status Desired   |            |                              |
| 28   |                             | Δ  | · · · · · · · · · · · · · · · · · · ·  |  |                      |                               |  |            | <u></u>                      |
| Zip    |                             | •  |  |  |                      |                               |  |            |                              |
| Section   Personal Property Tax due June 30   Personal Property    |                             | Country  |  | Coun   |                      |                               |  | ·          |                              |
| ## Name and Address of Current Registered Agent HENRY, WOTOR L. 3800 CREIGHTON ROAD PENSACOLA FL 32504  ## City FL   85   Street Address (P.O. Box Number is Not Acceptable)  ## City FL   85   Zip Cod  ## City F | 24                          | 25   | 29   | 30   |                      |                               | · _ · _ · _ · _ · _ · _ · _ · _ ·  |            | ] No                         |
| 880 CREIGHTON ROAD PENSACOLA FL 32504  883  884 City FL 85 Zip Cod  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re- office or registered agont, or both, in the State of Florida Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes  SIGNATURE  Signature Typed or presed have of registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg signature Typed or presed have of registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent as registered agent as reg agent as registered agent agent as reg agent as registered agent as reg agen |                             |  | nt Registered Agent  |  |                      |                               | 10. Name and Address of New Registered   | Agent      |                              |
| PENSACOLA FL 32504  83  84 City FL 85 Zip Cod  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 re office or registered agent, or both, in the State of Florida. Scalc change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent, are familiar with, and accept little of digitations of, Section 607 0505, Florida Statutes  SIGNATURE  Signature typed or provided name of registered agent and bit of any familiar.  PD   |                             |  |  |  | 81                   | Name                          |  |            |                              |
| PENSACOLA FL 32504  83  84   |                             |  |  |  | 82                   | Street Ac                     | ddress (P.O. Box Number is Not Acceptable)   |            |                              |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature typed or provided name at registered eyest and their dispribedible.   INOTE Registered Agent algressor required when renestating.   DATE   | PEN                         | NSACOLA FL 32504   |  |  |                      |                               |  |            |                              |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reagent. I am familiar with, and accept the 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 reg agent. I am familiar with, and accept the office of the o |                             |  |  |  | 83                   |                               |  |            |                              |
| 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 redefice 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 agen |                             |  |  |  | 84                   | City                          |  | 85 Zip     | Code                         |
| 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes    SIGNATURE  | 44 5                        |  |  |  |                      | <u> </u>                      | FL   |            |                              |
| Signature typed or period name of registrated report and bille of deep ficialistic   In OFFICE RS AND DIRECTORS   In It It It It   It It It   It It It It   It It It It It It It It It It It It It   | office or re<br>agent. I ar | to the provisions of Sections 607,050<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig   | 2 and 607.1508, Florida Stati<br>of Florida Such ch <b>ange was</b><br>alions of, Section 60 <b>7.0</b> 505, f | utes, the at<br>s authorize:<br>Florida Stat | oove<br>d by<br>utes | o-named co<br>the corpo<br>s. | orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appraisance of the submits that is statement for the purpose of ration's board of directors. | changing i | its registered<br>registered |
| 12. OFFICERS AND DIRECTORS  TITLE PD   | SIGNATURE                   |  |  |  |                      |                               |  |            |                              |
| TITLE  |                             |  |  |  | d Age                | nt signature re               |  | DIRECTO    | DO 181 40                    |
| NAME   |                             |  |  |  | TI É                 | T                             | ADDITIONS/CHANGES TO OFFICERS AND  |            | Addition                     |
| 3800 CREIGHTON   1.3 STREET ADDRESS   1.4 CRY-ST-ZIP   |                             | ,  | (L.) 000010  |  |                      |                               |  | L change   | roomon                       |
| TITLE  | · I                         |  |  |  |                      | ADDRESS                       |  |            |                              |
| TITLE         DELETE         21 TITLE         Change   | 1                           |  |  |  |                      |                               |  |            |                              |
| 2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.4 CIT   |                             |  | DELETE   |  |                      |                               |  | Change     | Addition                     |
| 2 4 CITY-ST-ZIP  | NAME                        |  |  | 2.2 NA                                       | ME                   |                               |  |            |                              |
| TITLE         DELETE         31 TITLE         Change         Change           NAME         3.2 NAME         3.2 NAME   | STREET ADDRESS              |  |  | 2.3 \$1                                      | REET                 | ADDRESS                       | •  |            |                              |
| NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   1 TITLE   DELETE   4.1 TITLE   Change   NAME   4.2 NAME   4.2 NAME   5TREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   4.5 CITY-ST-   | CITY-ST-ZIP                 |  |  | 2.4 C  | ITY-S                | st - ZIP                      |  |            |                              |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   | 1                           |  | L DELETE   | 3.1 TO                                       | LE                   |                               |  | ☐ Change   | Addition                     |
| CITY-ST-ZIP         34.CITY-ST-ZIP           TITLE         DELETE         41.TITLE         Change           NAME         4.2 NAME           STREET ADDRESS         43.STREET ADDRESS           CITY-ST-ZIP         44.CITY-ST-ZIP  | NAME                        |  |  | 3.2 NA                                       | ME                   |                               |  |            |                              |
| TITLE         DELETE         41 TITLE         Change           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP  |                             |  |  |  |                      |                               |  |            |                              |
| NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP   |                             |  | T her eye  |  |                      | T-ZIP                         |  | Change     | Addition                     |
| STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP  |                             |  | LL DECERE  | 1  |                      |                               |  | L. Unange  | L.J AODIOON                  |
| CITY-ST-ZIP 44 CITY-ST-ZIP   |                             |  |  |  |                      | YDDDE CC                      |  |            |                              |
|  |                             |  |  |  |                      | ]                             |  |            |                              |
|  | <del></del>                 | The state of the s | DELETE   |  |                      | 1- ZIF                        |  | Change     | Addition                     |
| NAME 5.2 NAME  |                             |  |  |  |                      | ł                             |  |            |                              |
| STREET ADDRESS 53 STREET ADDRESS   |                             |  |  |  |                      | ADDRESS                       |  |            |                              |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |                             |  |  |  |                      |                               |  |            |                              |
|  |                             |  | DELETE   |  |                      |                               |  | Change     | Addition                     |
| NAME 62 NAME   | NAME                        |  |  | 6.2 NA                                       | ME                   |                               |  | -          |                              |
| STREET ADDRESS 6.3 STREET ADDRESS  | STREET ADDRESS              |  |  | 6.3 ST                                       | REET                 | ADDRESS                       |  |            |                              |
| CITY-ST-ZIP 64 CITY-ST-ZIP   | CITY-ST-ZIP                 |  |  | 6.4 CF                                       | TY- \$T              | I - ZIP                       |  |            |                              |

14. Thereby 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 arimulal report or suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if phanged, or on an attachment with an address.