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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 3771 ON EQUINE CLINIC, INC.	(-)	# 1 63131 (RJK # 36 0) 1 636 1 (R 16 0 JU	13) (80) 240) 869) 87	ON DIĞIL BIRLI GARK LORU	
Principal Piace of Business 12802 NW HWY 225-A REDDICK FL 32686		Mailing Address 12802 NW HWY 225-A REDDICK FL 32686				
				3. Date Incorporated or Qualified 02/15/1971	3a. Date of La	ast Report 2/1995
2. Principal Place 21	ice of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc. City & State		26 Suite, Apt. #, etc.		59-1317988		Not Applicable
				5. Certificate of Status Desired		3.75 Additional Fee Required
:3		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Country	This corporation has liability for it Florida Statutes	intangible tax und	ler s 199,032,
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Ro		t
MULVIHILL,WALTER J 12802 NW HWY 225-A REDDICK FL 32686			82 Street Add 83 84 City	dress (P.Ö. Box Number is Not Acceptabl		
			11		E4 85	Zip Code
Raimiliar With, SIGNATURE	the provisions of Sections 607.05 d agent, or both, in the State of Fic , and accept the obligations of, Se grature typed or printed name of registered age	ection 607.0505, Florida Statutes	tes, the above-named corporated by the corporation's boats.	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing intment as registe	
signature	gnature: typed or printed name of registered age OFFICERS A	ent and little if applicable (NO ND DIRECTORS	es, the above-named corpo	ed when reinstating)	pose of changing pintment as regist	its registered office ered agent. I am
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SIGNATURE:

SIGNING OFFICER OR DIRECTOR

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