FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **394651** **(4)**

1. Corporation Name

CENTRAL ANIMAL HOSPITAL, INC.

Principal Place of Business
1523 NORTH FRANKLIN
TAMPA FL 33602

Mailing Address
1523 NORTH FRANKLIN
TAMPA FL 33602

3. Date Incorporated or Qualified: 01/24/1972
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-1399823 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SHELTON, WILLIAM H
1713 PAUL DR
TAMPA FL 33615

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7108 MINIWOOD COURT
83
84 City TAMPA FL 85 Zip Code 33615

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.

SIGNATURE [signature] WILLIAM H. SHELTON 01/20/96
NOTE: Registered Agent signature required when reinstating. DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LASSETT, T.		1.2 NAME		
STREET ADDRESS	9801 W. HILLSBOROUGH		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBLISS, R.		2.2 NAME		
STREET ADDRESS	2517 W. KENNEDY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TELLEKAMP, F R		3.2 NAME		
STREET ADDRESS	10909 N NEBRASKA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHELTON, WILLIAM H		4.2 NAME		
STREET ADDRESS	7513 PAULA DR		4.3 STREET ADDRESS	7108 MINIWOOD COURT	
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, E.		5.2 NAME		
STREET ADDRESS	4241 HENDERSON		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: [signature] WILLIAM H. SHELTON, DVM 01/20/96 813-884-8504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)