

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10:02

DOCUMENT # 399796

(2)

1. Corporation Name

NORTHWOOD ANIMAL HOSPITAL, INC

Principal Place of Business

1881 N. M.L. KING BLVD.
TALLAHASSEE FL 32303

Mailing Address

1881 N. M.L. KING BLVD.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1972

3a. Date of Last Report

09/07/1994

4. FEI Number

59-1387794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

JOHNSON, KELLY OVERSTREET P.A
215 S. MONROE STREET
SUITE #400
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature typed or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELONEY, JERRY A
STREET ADDRESS	1881 N BLVD
CITY ST ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY ST ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY ST ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY ST ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY ST ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY ST ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY ST ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 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 110.07(3)(b), 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 in person to sign 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: Jerry A. Deloney

6-08-95

984-385-818-1