

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 # **414613** (0)

1. Corporation Name
BRADENTON SMALL ANIMAL HOSPITAL INC



Principal Place of Business: **1324 17TH AVENUE WEST BRADENTON FL 34205**
Mailing Address: **1324 17TH AVENUE WEST BRADENTON FL 34205**

3. Date Incorporated or Qualified: **12/13/1972**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-1424270**
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

2. Principal Place of Business: **1324 17 Ave W**
2a. Mailing Address: **1324 17 Ave W**
23. City & State: **Bradenton FL**
28. City & State: **Bradenton FL**
24. Zip: **34205** 25. Country: **MARITIME** 29. Zip: **34205** 30. Country: **MARITIME**

9. Name and Address of Current Registered Agent: **BUTLER, CLAIR E., D.V.M. 1324 17TH AVENUE, W. BRADENTON FL 34205**
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: *Clair E Butler* DATE: **15 JAN 96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUTLER, CLAIR E.		1.2 NAME	
STREET ADDRESS: 1903 22ND STREET WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP: BRADENTON FL		1.4 CITY-ST-ZIP	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUTLER, EDITH D.		2.2 NAME	
STREET ADDRESS: 1903 22ND STREET WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP: BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE: JAY BUTLER	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAY BUTLER		3.2 NAME	
STREET ADDRESS: 1903 22 ST W		3.3 STREET ADDRESS	
CITY-ST-ZIP: BRADENTON FL 34205		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Clair E Butler* **CLAIR E BUTLER** DATE: **15 DEC 96** #37462250
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (12/95)