

**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 # 461116 (6)

1. Corporation Name  
JOHN P. PILARCZYK, D.V.M., P.A.



Principal Place of Business: 8410 EAST TEMPLE TERRACE HIGHWAY, TEMPLE TERRACE FLORIDA 33637-5808  
Mailing Address: 8410 EAST TEMPLE TERRACE HIGHWAY, TEMPLE TERRACE FLORIDA 33637-5808

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/13/1974	3a. Date of Last Report 02/17/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1551382	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PILARCZYK, JOHN P. 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FLORIDA	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, JOHN P.	1.2 NAME	
STREET ADDRESS	514 GARRARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, KATHLEEN A.	2.2 NAME	
STREET ADDRESS	514 GARRARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, JOHN P.	3.2 NAME	
STREET ADDRESS	514 GARRARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, KATHLEEN A.	4.2 NAME	
STREET ADDRESS	514 GARRARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, JOHN P.	5.2 NAME	
STREET ADDRESS	514 GARRARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILARCZYK, KATHLEEN A.	6.2 NAME	
STREET ADDRESS	514 GARRARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	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: *John Pilarczyk* 4/25/96 813-985-6761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)