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Jan 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 462595 (0)  
1. Corporation Name  
MARK W. COLEMAN, D.V.M., AND ASSOCIATES, P.A.



Principal Place of Business: 3831 NEWBERRY ROAD GAINESVILLE FL 32607  
Mailing Address: 3831 NEWBERRY ROAD GAINESVILLE FL 32607-2940

3. Date Incorporated or Qualified: 10/02/1974  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-1551420  
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: 21 Suite, Apt. # etc.: 22 City & State: 23 Zip: 24 Country: USA  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
COLEMAN, MARK W  
1422 SW 98TH ST.  
GAINESVILLE FL 32601/7

10. Name and Address of New Registered Agent  
81 Name: NA  
82 Street Address (P.O. Box Number is Not Acceptable): NA  
83 City: NA  
84 City: NA  
85 Zip Code: FL 32607

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: Mark W. Coleman (Signature) (NOTE: Registered Agent signature required when reinstating) DATE: 1-9-97

12. OFFICERS AND DIRECTORS

TITLE	TV	<input type="checkbox"/> DELETE
NAME	COLEMAN, MELINDA	
STREET ADDRESS	3831 NEWBERRY RD	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	COLEMAN, MARK	
STREET ADDRESS	3831 NEWBERRY RD	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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: Mark W. Coleman (Signature) Mark W. Coleman Jan 9, 1997 352-377-3361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)