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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 515829 1. Corporation Name

JOHN YOUNG PARKWAY ANIMAL HOSPITAL JOHN W. MEADO WS D.V.M., P.A.

Principal Place of Business	Mailir
4020 JOHN YOUNG PARKWAY ORLANDO FL 32804	4020 . ORLAN

ng Address

JOHN YOUNG PARKWAY ORLANDO FL 32804

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90022 046 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date incorporated or Qualifed		
		A. Mailing Address			10/01/1976 4. FEI Number	Δρρ	lied For
2. Principal Pl	ace of Business	2a. Mailing Address		-			Applicable
21		26			59-1693494	\$8.75 A	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Rec	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 h	
23		28			Trust Fund Contribution	Added to	Fees .
Zip	Country	Zip Country		ntry	8. This corporation owes the current year Intar		, ,
24	25	29 30			Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
MEN	DOME TOTAL			81 Name			
MEADOWS, JOHN W 82 Street Address (P.O. Box Number is Not Acceptable)							
			· · · · · · · · · · · · · · · · · · ·	1885 813.	2. CG 15		
	,		-	84 City		85 Zip C	ode *****
	ANN IN COLUMN	, , , , , , , , , , , , , , , , , , , ,	- 1		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607:1508, Florida Statutes,	, the at	ove-named corp	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its r ment as rec	registered istered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statu	tes.	ors board of directors. Thereby according appoint	mork as tog	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered .	Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1,1 TIT	LE ·	11 113	☐ Change	☐ Addition
NAME	MEADOWS, JOHN W		1.2 NA	ME	,		
STREET ADDRESS	4020 JOHN YOUNG PARKWAY		1.3 STI	REET ADDRESS	·		
CITY-ST-ZIP	ii		Y-ST-ZIP				
TITLE	S	☐ DELETE	2.1 TIT	LE .		Change	Addition
NAME			2.2 NA	ME			
STREET ADDRESS	1000 DAD OTDETT		2.3 ST	REET ADDRESS			ļ
	ORLANDO FL		2 4 CI	TY-ST-ZIP			}
CITY-ST-ZIP	ONLANDO I L	☐ DELETE	3.1 TIT			☐ Change	Addition
,	The set of		3.2 NA	!	* .		1
NAME .	Back officers of	•		REET ADDRESS			\
STREET ADDRESS	that to the co			TY-ST-ZIP			
CITY-ST-ZIP		□ DELETE	4.1 TIT		100	☐ Change	Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		4.2 N				
NAME	Section 1	ic.		REET ADDRESS			
STREET ADDRESS	**************************************		1				
CITY-ST-ZIP		☐ DELETE	4.4 CI	IY-ST-ZIP		Change	Addition
TITLE	· ·	FT 000015	5.2 NA	l l			
NAME	1			REET ADDRESS	•		
STREET ADDRESS	75			reet Address ry-st-zip			
CITY-ST-ZIP	Transfer de la constant	☐ DELETE	6.1 TIT			Change	Addition
TITLE	Age of Archerolatic	^ Acrese	6.2 NA				_
NAME	644 444			REET ADDRESS			
STREET ADDRESS							•.
CITY, ST., 7ID	l '		6.4 Cl	ry-st-zip		•	

14. I 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 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, with all other like empowered.