## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

· · · · · · · · · · · · · · · · · · ·	1996	To an a	DIV		y of State CORPORATIONS			
DOCU 1. Corporatio	MENT #	55640	D1	(8)				
PARK WEST ANIMAL HOSPITAL , INC.								
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Principal Place of Business  529 BLANDING BOULEVARD  ORANGE PARK FL 32073			Mailing Address 529 BLANDING BOULEVARD ORANGE PARK FL 32073					
9 [150.05.16]						3. Date Incorporated or Qualified 01/01/1978	3a. Date of Last 6 04/11/	
1 Principar Fi.	ace of Business		2a. Mailing Add	dress		4. FEI Number		Applied For
Suite Ant	#, etc.		Suite, Apt.	#, etc.		59-1789415		Not Applicable
2 Otty & State			27	<del></del>		5. Certificate of Status Desired		5 Additional Required
3] Zipi		ıntry	City & State	e 		Election Campaign Financing     Trust Fund Contribution	□ \$5.0 Adde	00 May Be ed to Fees
	25	ŕ	Z <sub>IP</sub> 29 Registered Agent		Country 30	This corporation has liability for a Florida Statutes	intangible tax under s	199.032,
		diess of Confett	negistered Agen	<u> </u>	81 Name	10. Name and Address of New R	egistered Agent	
SPOT	TS, NELSON, D.V.	M.				Meson (D.O. Dov. N		
	LANDING BOULEV				L	dress (P.O. Box Number is Not Acceptab	le)	
UHAN	GE PARK FL 3207	73			83			
					84 City		- 85 Zi	p Code
					1 1			
11. Pursuant to	o the provisions of Se	ections 607.0502 a	and 607.1508, Florid	da Statutes, t	the above named corp	oration submits this statement for the pur	FL 65 21	registered office
11. Pursuant to or registere familiar with	o the provisions of Se ed agent, or both, in t h, and accept the obl	ections 607.0502 a the State of Florida igations of, Section	ınd 607.1508, Florid I. Such change was n 607.0505, Florida	da Statutes, t s authorized t n Statutes.	the above named corp by the corporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	pose of changing its reintment as registered	registered office I agent. I am
						oration submits this statement for the purp eard of directors. I hereby accept the appo	pose of changing its r pintment as registered	registered office I agent. I am
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2.	DP SPOTTS, NEL	OFFICERS AND I	d title if applicable DIRECTORS	(NOTE F	k gistered Agent signature requi 13, 1 1 TITLE 1.2 NAME	red when reinstating)	pose of changing its reintment as registered  DATE  CERS AND DIRECTO	egistered office I agent. I am
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Ne Ison L. Sputts, D.Y.M.

SIGNATURE: Y. M. SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR x 3-6-96 x 904-272-0653