## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 520167

161

1. Corporation Name BAYCREST ANIMAL CLINIC, INC.  Principal Place of Business S819 MEMORIAL HIGHWAY TAMPA FL 33615  Mailing Address S819 MEMORIAL HIGHWAY TAMPA FL 33615													
								e Incorporated or Qu 01/1978	alified	3a. Date of I		port	
Principal Place of Business     Total			28. Mailing Address				4. FEI	Number -1851074			Ap	plied For t Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Cert	tificate of Status Desi	red [			dditional	
City & State  23			City & State				I	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Ζφ <b>24</b>	Country	29	Zip Co		າ ໌	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	25   29   9, Name and Address of Current Registered Agent				<u>'</u>			ne and Address of I			······································		
HINE	S, JAMES P				81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·			
315	HYDE PARK AVENUE PA FL 33608				82	Street	Address (P.O. E	Box Number is Not Ad	cceptable	)			
174911	772 0000				83		4		·		***************************************		
					84	City	, <del>7781</del>			FL 85	Zip C	· [	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and te of Fic igations	607.1508, Florid orida. Such chang of, Section 607.0	a Statutes, ge was auth 3505, Florid	the above norized by la Statutes	e-named the corp 3.	corporation sub poration's board	omits this statement f I of directors. I hereb	or the pur y accept t	pose of chan the appointme	ging its ent as i	s registered registered	
SIGNATURE			,										
12.	Signature hypotrol printed have all registered to OFFICERS A			(NOTE H	13.	ent signature	required when reinst	ating) ITIONS/CHANGES TO	OFFICE	DATE RS AND DIRE	CTOR	S IN 12	
TITLE	PV		DEI	ETE	1.1 TITLE		1	1101070111102011	011.02.	CI		Addition	
NAME	SAUNDERS, ALLEN D.				1.2 NAME						•		
STREET ADDRESS	5819 MEMORIAL HIGHWAY		1.3 STREET ADDRESS		1								
CITY - ST - 7PP	TAMPA FL				1.4 CITY - S							·	
TITLE	\$		☐ DE	ETE	2.1 TITLE					C/	ange	Addition	
NAME	SAUNDERS, CANDICE				2.2 NAME							. ]	
STREET ADDRESS	5819 MEMORIAL HIGHWAY				2.3 STREET	ADDRESS	<u> </u>						
CI1Y-\$1-ZIP	TAMPA FL				2. 4 CITY-5	ST - ZIP							
TITLE	T		□ DEI	LETE	3.1 TITLE					CI	ange	Addition	
NAME	BOSTON, JANE				3.2 NAME								
STREET ADDRESS	5819 MEMORIAL HWY				3.3 STREET	ADDRESS							
CITY-ST-ZIP	TAMPA FL	·		EXC.	3.4 CITY-5	ST-ZIP		***************************************				- T	
TITLE	BESSMER, RICHARD		☐ DEI	LEIE	4.1 TITLE					L. U	hange	L Addition	
NAME	5819 MEMORIAL HWY				4 2 NAME								
STREET ADDRESS	TAMPA FL				43 STREET		<b>,</b>						
CITY-ST-ZIP	TOWN AT E		DE	ETE	4.4 City - S 5.1 Title	T-ZIP	<u> </u>			□ c	nanne	Addition	
TITLE NAME					5.2 NAME						ungo		
STREET ADDRESS (				j	5.3 STREET	VUUBECC							
					5.4 CITY - S		\ ·						
City-\$1-7iP Title			DE	LETE ( 10 f	6.4 TITLE	, <u> </u>	10 July 14 Jul			". J.ċ	nange	Addition	
NAME		100			6.2 NAME		10 May 10 May 1				, 1778.4 1373.8		
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CITY-ST-ZIP			•		64 CITY-S		1					Ì	
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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 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 altachment with an address.

**SIGNATURE:** 

**FILED** 

Jan 22 1997 8:00am

Secretary of State