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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 602841

(9)

YOUNG'S INDIAN RIVER ANIMAL HOSPITAL, P.A.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			1 106110 98141 00210 12001 10141 81001	ANAL ANALI DIDIL ANDIL DISEL	01011 01011 1001
1000 CHENEY HWY TITUSVILLE FL 32780 1000 CHENEY HWY TITUSVILLE FL 32780					DO NOT WRI	TE IN THIS SPACE	
					3. Date Incorporated or Qualifie	È	
6 Dringing I D	land of Dustage	1.20			06/01/1971		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-1351535		Not Applicable
22		<u>├</u> ¬	27		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing		
23		<u></u> ⊢₁ ′	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country				
24	25	29	30		Personal Property Tax due Ju		☐ No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered Agent	
YOL	ung, w g		81	Name Pa	UL P. BURGER,	D.V.4.	
1000 CHENEY HWY 82				Street Address (P.O. Box Number is Not Acceptable)			
TITUSVILLE, FL				1000 CHENEY HWY			
327	80		83	7			
			84 (City		 85 2	Zip Code
				ブラティ	USV/KLE		2780
11. Pursuant t office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, Florida <mark>Stat</mark> ut ate of Florida. Such change was a	es, the above-n authorized by th	named corporation	oration submits this statement for the on's board of directors. I hereby acc	purpose of changing	ig its registered as registered
	m familier with, and accept the of	oligations of Section 607.0505, Fig	orida Statutes.	OR	WARED DUM	1100	20
SIGNATURE	Signature, typed of printer name of registered	Koent and the displicable (NOT	Registered Agent s	signature required		7-6-7	0
12.		AND DIRECTORS	13.		. ADDITIONS/CHANGES TO OF		TORS IN 12
TITLE	PD	💢 DELETE	1.1 TITLE	V	D	Chang	· · · · · · · · · · · · · · · · · · ·
NAME	YOUNG,W G		1.2 NAME	'	•	•	l-
STREET ADDRESS	1000 CHENEY HWY.		1.3 STREET AD	DRESS			
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY - ST - 2	ZIP .	<u> </u>		
TITLE	OT	DELETE	2.1 TITLE	P	5/7/0	Chang	ge 🔲 Addition (
NAME	BURGER , PAUL P		2.2 NAME	Bu	PREER PAULA	5 -	
STREET ADDRESS	2971 LONG LAKE DR.		2.3 STREET AD				
CITY-ST-ZIP	TITUSVILLE, FL 00000		2. 4 CITY-ST-	ZIP 7	ITUSVILLE, FL 8		
TITLE		DELETE	3.1 TITLE	1	•	∟ Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD				
CITY-ST-ZIP		DELETE	3.4. CITY-ST-	ZIP			[-] 1.200
TITLE	i .	☐ Offer	4.1 TITLE	1	•	∟ Chang	ge L Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - Z 5.1 TITLE	MP		Chang	ge Addition
NAME			5.2 NAME			r_1 cusuf	Nuoliioi)
				nnece			ļ
STREET ADDRESS			5.3 STREET AD				
CITY-ST-ZIP TITLE		DELE te	5.4 CITY - ST - Z 6.1 TITLE	ir		Chang	ge Addition
NAME		percet	6.2 NAME			L. J Ollan	No El Vaginou
STREET ADDRESS			6.3 STREET ADI	nocec			
				ı			
CITY-ST-ZIP	- 12 A A A A A A A A A A A A A A A A A A	Land distriction of the second	6.4 CITY-ST-Z	Ir	140 0710 0		

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.