

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 AM 10:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 615845**

**(5)**

1. Corporation Name

**RIVERA ANIMAL HOSPITAL, INC.**

Principal Place of Business

**6920 FOURTH STREET N  
ST. PETERSBURG FL 33702**

Mailing Address

**6920 FOURTH STREET N  
ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/29/1979**

3a. Date of Last Report

**02/28/1994**

4. FEI Number

**59-1860188**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**PARTRIDGE, JR. HARVEY J.  
6920 4TH STREET, NORTH  
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81. Name

**PARTRIDGE, JR. HARVEY L.**

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

NAME

**PARTRIDGE, HARVEY L., JR**

STREET ADDRESS

**6920-4TH STREET NORTH**

CITY - ST - ZIP

**ST. PETERSBURG FL**

TITLE

**ST**

NAME

**PARTRIDGE, HARVEY L., JR**

STREET ADDRESS

**6920-4TH STREET NORTH**

CITY - ST - ZIP

**ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

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**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.**

**FILING FEE \$200.00**

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

**Reminder:**

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$200.00.

- Block 1.** Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2.** Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a.** If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3.** Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a.** Enter the file date of the last filed annual report if applicable.
- Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.
- Block 5.** Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 6.
- Block 8.** Check the appropriate box. Please direct all intangible tax questions to the Dept. of Revenue by calling 1-800-352-3671.
- Block 9.** The law requires that each corporation have a Registered Agent with a Florida street address. If the computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change the Registered Agent on this form.
- Block 10.** Enter name of new Registered Agent and/or new address. This must be a **Florida Street address**. A P.O. Box or mail service is **NOT** acceptable for service of process. **THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT** but an officer or director can.
- Block 11.** The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. **NOTE:** Registered agent signature required when reinstating on this form.
- Block 12.** Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.
- Block 13.** Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director*. If a person holds more than one position, enter all positions, e.g., *S/D; V/S; V/T/D*. **NOTE:** A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. **NOTE:** If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".
- Block 14.** This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

**Send only 1995 Preprinted Annual Reports with stub and check to:**

Division of Corporations  
Annual Reports  
Post Office Box 1500  
Tallahassee, Florida 32302-1500  
Phone Number: (904) 487-6056

**Send all other filings and correspondence to this address:**

Annual Reports Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314  
**Street Address (Overnight Delivery):**  
409 East Gaines Street  
Tallahassee, Florida 32399

**INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.