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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 630033

(9)

JUSEPP	i R. Prie	EST,	D.V.M., P.A.													
Principal Place of Business Mailing Address									1 100310 61606 (11)	II 88!II 96 168	1111111111111111	 	. 418 11 6 1811	0)\$ } 0 0		
809 WEST BEARSS AVENUE TAMPA FL 33613 TAMPA FL 33613																
										(ate Incorporate)7/19/1979		ied :		of Last F /14/19	•
2. Principal Pla	ice of Busin	ess		— —	Mailing Ad	dress				4. F	Number	00				Applied For Not Applicable
Suite, Apt. #	t etc			26	Suite, Apt.	# etc					59-192638				\$8.7	5 Additional
2	., 0.0			27						5. C	ertificate of Sta	itus Desired	o [Required
City & State					City & Stat	te					ection Campai	-	ng f)0 May Be
3				28	The Control		T Co.	nta.			ust Fund Cont					ed to Fees
Zip 4		25	ountry	29	Zip		30 Cou	ritry			nis corporation orida Statutes		Yes [ix under s	199.002,
4	9. Name		ddress of Curr		tered Agen	nt	1001			10. N	ame and Add	ress of No	ew Reg	Istered	Agent	
								81	Name							
PRIEST,	JOSEPH R	₹.						82	Street Addr	ress (P.O.	Box Number i	s Not Acce	ptable)			
809 WES		S AVE	NUE					92								
tampa f	L 33613							83								
								84	City				-	FL	8 5 Z	ip Code
11. Pursuant te	o the provis	one of	Sections 607 05	02 and 60	17 1508 Flor	rida Statute	is the abo	v e -na	amed comor	ration sub	mits this stater	ment for the	e purpa	se of cha	anging its registere	registered offi d agent. I am
familiar wit	ed agent or	hoth	in the State of Floobligations of, Se	hrida. Suct	h change wa	as authorize	ad by the c	corpc	oration's boar	ard of direc	ctors. I hereby	accept the	appoin			
familiar wit	ed agent, or h, and acce	both, pt the	in the State of Floodbligations of, Se diname of registered ag	orida, Such action 607.	h change wa .0505, Florid appicable	as authorize la Statutes	ed by the o	corpc	pration's boar	and of direct	ctors. I hereby	accept the		DATE		
familiar wit SIGNATURE	ed agent, or h, and acce Signature, typed	both, pt the	in the State of Floo obligations of, Se	orida, Such action 607.	h change wa .0505, Florid appicable CTORS	as authorize la Statutes (NO	TE Registered	Agent	oration's boar	and of direct	ctors. I hereby	accept the		DATE ERS AND		
familiar wit SIGNATURE	ed agent, or h, and acce Signature, typed	both, ept the credite	in the State of Fic obligations of, Se diname of registered ag OFFICERS A	orida, Such action 607.	h change wa .0505, Florid appicable CTORS	as authorize la Statutes	ed by the o	Agent	oration's boar	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT	ORS IN 12
familiar wit SIGNATURE	ed agent, or h, and acce signature, typed PSD PRIEST,	both, ept the credite	in the State of Floodbligations of, Se diname of registered ag	orida, Such action 607.	h change wa .0505, Florid appicable CTORS	as authorize la Statutes (NO	TE: Registered 13. 1.1 T	Agent ITLE AME	oration's boar	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT	ORS IN 12
familiar wit SIGNATURE	ed agent, or h, and acce signature, typed PSD PRIEST,	both, ppt the crprinter	in the State of Ficobligations of, Sed name of registered again of the Control of	orida, Such action 607.	h change wa .0605, Florid ap wease CTORS	as authorize la Statutes no	TE: Registered 13. 1.17 1.2 N 1.3 S 1.4 C	Agent ITLE AME IREET / ITY-SI	oration's boar	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD PRIEST, 14016 S TAMPA	both, ept the cripinte state of the state of	in the State of Fig obligations of, Se d name of registered ag OFFICERS A EPH R, DVM 7 SHORES DR	orida, Such action 607.	h change wa .0605, Florid ap wease CTORS	as authorize la Statutes (NO	TE: Registerec 13. 1.11 1.2 N 1.3 S 1.4 C 2.11	Agent ITLE AME ITY-ST	oration's boar	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT	ORS IN 12
familiar wit SIGNATURE	PSD PRIEST, 14016 STAMPA TV PRIEST,	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0605, Florid ap wease CTORS	as authorize la Statutes no	TE: Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N	Agent ITLE AME IREET / ITLE ITLE AME	ration's boar signature require ADDRESS 1- ZIP	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
Familiar wit SIGNATURE	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered ag OFFICERS A EPH R, DVM 7 SHORES DR	orida, Such action 607.	h change wa .0605, Florid ap wease CTORS	as authorize la Statutes no	TE Registerec 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S	Agent ITLE AME ITY-ST ITLE AME	ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRIEST, 14016 STAMPA TV PRIEST,	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	as authorize la Statutes no	TE Registerec 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S	Agent ITLE AME ITY-SI ITLE AME ITY-SI ITLE AME ITY-SI ITY-SI ITY-SI ITY-SI	ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	as authorize da Statutes. NO DELETE	TE Registerec 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 22 N 2.3 S 2.4 C	Agent ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	as authorize da Statutes. NO DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N	Agent ITLE AME IREET / ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap xcase CTORS D	as authorized a Statutes. NO DELETE DELETE	TE Registerec 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C	Agent ITLE AME ITREET / ITLE AME ITREET / ITLE AME ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	D DIRECT Change	ORS IN 12 Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap xcase CTORS D	as authorize da Statutes. NO DELETE	TE Registerec 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.17 3.2N 3.3 S 3.4 C 4.11	Agent ITLE AME ITREET / ITY- ST ITLE ITLE AME ITREET / ITY- ST ITLE ITY- ST	ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	DIRECT Change	ORS IN 12 Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap xcase CTORS D	as authorized a Statutes. NO DELETE DELETE	TE Registerec 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.17 3.2N 3.3 S 3.4C 4.11	Agent ITLE AME IREET / ITLE AME ITLE AME ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	and of direct	ctors. I hereby	accept the		DATE ERS AND	D DIRECT Change	ORS IN 12 Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap xcase CTORS D	as authorized a Statutes. NO DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S	Agent ITLE AME IREET / ITLE AME ITLE AME ITLE AME ITLE AME ITLE ITLE ITLE AME ITLE ITLE AME ITLE ITLE AME ITLE ITLE AME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS AND	D DIRECT Change	ORS IN 12 Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap scase CTORS D	as authorized a Statutes. NO DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S	Agent ITLE AME ITREET / ITLE AME ITREET / ITLE AME ITREET / ITLE AME ITREET ITLE AME ITLE AME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS ANL	D DIRECT Change	ORS IN 12 Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap scase CTORS D	DELETE DELETE	TE Registerec 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.17 3.2N 3.3 S 3.4C 4.11 4.2N 4.3S 4.4C	Agent ITLE AME ITEET / ITLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS ANL	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap scase CTORS D	DELETE DELETE	TE Registerect 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.11 5.2 N	Agent ITLE AME IREET / ITLE AME AME IREET / ITLE AME AME AME AME AME AME AME AME AME AM	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	and of direct	ctors. I hereby	accept the		DATE ERS ANL	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	DELETE DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.1 S 5.3 S	Agent ITLE AME IREET / ITLE AME AME IREET / ITLE AME AME AME AME AME AME AME AME AME AM	ADDRESS 1- ZIP	and of direct	ctors. I hereby	accept the		DATE ERS ANLE	Change Change Change	ORS IN 12 Addition Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.1 S 5.3 S 5.4 C 6.1 1.1 5.2 N 5.2 N 5.2 S	Agent ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS 1- ZIP	and of direct	ctors. I hereby	accept the		DATE ERS ANLE	DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	DELETE DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.11 6.2 N	Agent ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS 1- ZIP	and of direct	ctors. I hereby	accept the		DATE ERS ANLE	Change Change Change	ORS IN 12 Addition Addition Addition Addition
Familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD PRIEST, 14016 STAMPA TV PRIEST, 14016 STAMPA	JOSE SHADY FL	in the State of Ficobligations of, Se diname of registered aga OFFICERS A EPH R, DVM 1' SHORES DR	orida, Such action 607.	h change wa .0505, Florid ap x-cade CTORS D	DELETE DELETE DELETE	TE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.11 6.2 N 6.3 S	Agent ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS 1- ZIP	and of direct	ctors. I hereby	accept the		DATE ERS ANLE	Change Change Change	ORS IN 12 Addition Addition Addition Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 961-1222