

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:11

DOCUMENT # 769394 (8)

1. Corporation Name

MIRACLE STRIP VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business

Main Address

900 AIRPORT RD
DESTIN FL 32541
US

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DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1983	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2951904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **509 John Sims Pkwy**

25 **509 John Sims Pkwy**

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 **Niceville, FL**

City & State

27 **Niceville, FL**

Zip

24 **32578**

Country

25 **US**

Zip

29 **32578**

Country

30 **US**

9. Name and Address of Current Registered Agent

CASLER, WILLIAM F., SR.
7217 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of person authorized to register agent and file this report

(If not the Registered Agent, signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEUSLER, KELLY S	12 NAME	McClellan, James
STREET ADDRESS	900 AIRPORT RD	13 STREET ADDRESS	18 Race track Rd NE
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VD	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROKEN, MARK	22 NAME	Luper, Henry
STREET ADDRESS	2500 HWY 98 W	23 STREET ADDRESS	1815 Hwy 87 #6 Guy Plaza
CITY-ST-ZIP	MARY ESTHER FL	24 CITY-ST-ZIP	NAVARO, FL 32566
TITLE	STD	31 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, VICTORIA S	32 NAME	Pyle, Donald
STREET ADDRESS	900 AIRPORT RD	33 STREET ADDRESS	509 John Sims Pkwy
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	Niceville, FL 32578
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and that I am qualified to file this information under Section 199.032, Florida Statutes. I further certify that the information included 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 192, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Donald R. Pyle, DVM* - Donald R. Pyle, DVM 1/23/95 (1904)678-2002
SIGNATURE AND TYPE OF OFFICIAL (NAME OF OFFICIAL OR DIRECTOR)