

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005436

1. Entity Name

RICHARD C. MATHER II, D.V.M., INC.



Principal Place of Business

1474 BORROR ROAD
GROVE CITY, OH 43123

Mailing Address

1474 BORROR ROAD
GROVE CITY, OH 43123



04282007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1347047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHER, RICHARD C
532 QUAIL LAKE DRIVE
DEBARY, FL 32713

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MATHER, RICHARD C DVM
STREET ADDRESS 1474 BORROR ROAD
CITY-ST-ZIP GROVE CITY, OH 43123

TITLE T
NAME REICHERT, F JOHN DVM
STREET ADDRESS 5101 SANDPIPER CT
CITY-ST-ZIP GROVE CITY, OH 43123

TITLE V
NAME BUELL, ROBERT N
STREET ADDRESS 8533 HOLLOW RD
CITY-ST-ZIP PATASKALA, OH 43062

TITLE V
NAME ROTH AUG, PAUL G
STREET ADDRESS 6231 BEAVER LAKE DR
CITY-ST-ZIP GROVE CITY, OH 43123

TITLE V
NAME ROTHFUSS, RICHARD G
STREET ADDRESS 6081 HOMEWELL ST
CITY-ST-ZIP HILLIARD, OH 43026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

F. John Reichert DVM (F. JOHN REICHERT DVM)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/30/07

Date

x 614871 4919

Daytime Phone #