SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



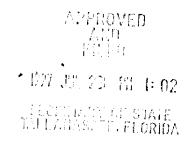
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F09229

(8)



WILMAN	ITH - BAYCHEST VETEHINA	HY HUSPIIAL, P.A.				
Principal Plac	e of Business	Mailing Address			{	01011 81011 E4510 B1841 01847 B1914 1891
2228 9TH STREET NORTH 2228 9TH STREET NORTH			rth .			
C/O FRED D. WILMARTH. D.V.M. C/O FRED D. WILMARTH. D.			TH. D.V.M.			
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704			3704		DO NOT WRITE	·
					3. Date Incorporated or Qualified 01/01/1981	3a. Date of Last Report 01/23/1996
	lace of Business	2a. Mailing Address	falling Address		4. FEI Number	Applied For
21		[26]		59-2049007	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	[28]		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip	Country	7 (p	Country	У	8. This corporation owes or has paid	
24	25 9. Name and Address of Current	29	30		Personal Properly Tax due June 3 10. Name and Address of New Reg	
/Anı	MARTH, FRED D.	r medisteran wägur	81	Name	IV. Haine and Address of New Heg	Liorain whair
	MARITA, FRED D. 8 9TH STREET NORTH			Tacano		
	PETERSBURG FL 33704		82	Street Addre	ess (P.O. Box Number is Not Acceptabl	0)
31.	rejendbung fl 33704		83			- -
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Sta	tutes the above	e-named coro	oration submits this statement for the pu	
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. Thereby accept the appointment as registered						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or profiled name of registered agen	if and the if applicable (IN	(OT) Registered Aq	ent signature require	ed when reinstation)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DP .	☐ DELFTE	1.1 TITLE		Note: The second of the second	Change Addition
NAME	WILMARTH, FRED D		- 1.2 NAMI			
STREET ADDRESS	2228 9TH STREET NORTH	n n	1.3 STREE	I ADDRESS		
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CITY-ST-ZIP	54		5.4 CHY-	S1 - 7IP		
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NAME	(' D \. ' .	4 (V)	6.2 NAMI			70% H 1
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CITY-ST-ZIP	NV DV	<u> </u>	6.4 CHY-	\$1 - 7/P		"

14. I do hereby certify that the information indicated on this annual report or 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.