

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F33348** (6)

1. Corporation Name

**KEYSTONE HEIGHTS ANIMAL HOSPITAL LAWRENCE E. PARISH, D.V.M., P.A.**



Principal Place of Business

7344 STATE RD 100  
KEYSTONE HEIGHTS FL 32656

Mailing Address

7344 STATE RD 100  
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Zip

**26** Country

**27** City & State

**28** Zip

**29** Country

**30** City

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 City

9. Name and Address of Current Registered Agent

**PARRISH, LAWRENCE E.  
7344 STATE RD 100  
KEYSTONE HEIGHTS FL 32656**

**81** Name

**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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**DP**  DELETE  
**PARRISH, LAWRENCE E.  
7344 STATE RD 100  
KEYSTONE HEIGHTS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**S**  DELETE  
**PARRISH, DONNA N  
7344 STATE RD 100  
KEYSTONE HEIGHTS FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DELETE  
**3.1 TITLE**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DELETE  
**4.1 TITLE**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DELETE  
**5.1 TITLE**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE  
**6.1 TITLE**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Lawrence E. Parish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence E. Parish 1/16/96 352-473-4866

016

Daytime Phone #

CR2E034 (12/95)