## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56461

(9)

Mailing Address

RICHARD E. SMITH, DVM, P.A.

FILED Feb 18 1997 8:00am Secretary of State

11858 SE DIXIE HWY P.O. BOX 1327 HOBE SOUND FL 33455		11858 SE DIXIE HWY Hobe Sound FL 33455-5456 US					
US					3. Date Incorporated or Qualified 11/20/1981	3a. Date of Last Re 04/12/1996	port
	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	<del>} } - '</del>	plied For
21		26		59-2137359		t Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28		28			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip	Country	<b> </b>	Zip Country		8. This corporation has liability for		199.032,
24	25 9. Name and Address of Curre		<u>:0 </u>		Florida Statutes  10. Name and Address of New Re	Yes No	
	144	it registered Agent	81	Name	IQ, Italia and Addison of the Tito	gistores rigerit	
	th, richard e 58 s.e. Old dixie hwy.					· · · · · · · · · · · · · · · · · · ·	
	BE SOUND FL 33455		62	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
HOL	C 300ND 1 L 30433		83			· · · · · · · · · · · · · · · · · · ·	
			84	City		pmg 85 Zip (	Code
44 5	- A	00 and 007 4500. Florida Pichia			tion to the ship of the ship o	FL   C	
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was au	thorized b	v the corpore	rporation submits this statement for the patients board of directors. I hereby acceptations	pt the appointment as	s registered registered
SIGNATURE .	Signature, typed or printed name of registered ac	gent and I tile if applicable (NOTE:	Registered Ag	ent signature requ	uired when reinstating)	DATE	
12.	·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SMITH, RICHARD E		1.2 NAME				
STREET ADORESS	11858 SE DIXIE HWY			ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL	☐ DELETE	1.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	D CHITH DICHARD E	T DETELE	2.1 TITLE			Cushike	
NAME STREET ADDRESS	SMITH, RICHARD E 11858 SE DIXIE HWY		2.2 NAME	2020004			
CITY-SI-ZIP	HOBE SOUND FL		2 4 CITY-	ADDRESS			
TITLE	HODE GOOD IE	DELETE	3.1 TITLE	21-51		Change	Addition
NAME			3.2 NAME			<b>-</b>	
STREET ADDRESS			3.3 STREE	T ADDRESS			.!
CITY - ST - ZiP			3.4. CITY-	j			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP	No		4.4 CITY-	ST-ZIP			
TITLE		[] DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		□ NETELE	6.1 TITLE			∟ - Grange	LI MODIDOR
NAME etheer annihees			6.2 NAME	T ADODECC			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY -	T ADDRESS			
14. Loo hereb	by certify that the information suppli	ed with this filips does not qualify	for the ex-	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio I am an of appears in	n indicated on this annual report or ficer or director of the corporation on h Block 12 or Block 13 if changed, i	supplemental annual report is true or the received or trustee empower or on the true and re- or on the true and re-	e and acc red to exe ess.	urate and the cute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made und statutes; and that my n	der oath; that ame