FILED

2001 UNIFORM BUSINESS REPORT (UBR)

and the second s		_r		Secretary of	State	am e
ROAD	Mailing Address 3400 DUNDEE ROAD WINTER HAVEN FL 33884			սսսսա	J (4	
2. Principal Place of Business 3. Mailing Address						
. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP	PACE	
te	City & State		4 . F	FEI Number 59-2207333 Applied For Not Applicable		
Country	Zip	Country	5. C		8.75 Add	litional
6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Registered A	jent	
CASEY, ALLAN L., ESQ. 395 AVE. "C" N.W. WINTER HAVEN FL 33881			s (P.O. B	ox Number is Not Acceptable)		-
		City	***	FL	Zip Code	е
e named entity submits this statement for	or the purpose of changing its	registered office or regis	tered age	ent, or both, in the State of Florida.		
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	irad when re	einstating) DATE		
requirement and elects to do so.	After MAY 1, 20	01 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
OFFICERS AND	DIRECTORS	12.	AD			
NATIONS, LOREN T 3400 DUNDEE RD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
MAXWELL, JOHN N DVM 3400 DUNDEE RD		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	NAME STREET ADDRESS CHY-ST-ZIP	-		Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
	The L ANIMAL CLINIC, P.A. The of Business ROAD IFL 33884 Place of Business #, etc. The Country 6. Name and Address of Current EY, ALLAN L., ESQ. AVE. "C" N.W. TER HAVEN FL 33881 The named entity submits this statement for signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so, aria on back) OFFICERS AND V NATIONS, LOREN T 3400 DUNDEE RD WINTER HAVEN, FL 00000 P MAXWELL, JOHN N DVM 3400 DUNDEE RD WINTER HAVEN FL 33884	The ANIMAL CLINIC, P.A. The of Business Mailing Address ADD DINDEE ROAD WINTER HAVEN FL 33884 Place of Business	L ANIMAL CLINIC, P.A. The of Business ROAD 3400 DUNDEE ROAD WINTER HAVEN FL 33884 Place of Business 3400 DUNDEE ROAD WINTER HAVEN FL 33884 Place of Business 3400 DUNDEE ROAD WINTER HAVEN FL 33884 Place of Business 3400 DUNDEE RD WINTER HAVEN FL 33884 Place of Business 3400 DUNDEE RD WINTER HAVEN FL 33884 A setc. Suite, Apt. #, etc. City & State Country 2 p Country 6. Name and Address of Current Registered Agent Flammar Flore Feet Address FY, ALLAN L., ESO. AVE. "C" N.W. Street Address Signature, byced or printed name of registered agent and title if applicable. (NOTE Registered Agent signature requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of Street Adoress OFFICERS AND DIRECTORS 12. V V MATIONS, LOREN T 3400 DUNDEE RD WINTER HAVEN, FL 00000 P MAXWELL, JOHN N DVM 3400 DUNDEE RD WINTER HAVEN, FL 33884 THE NAME STREET ADDRESS CITY-S1-ZIP Delete TILE NAME STREET ADDRESS CITY-S1-ZIP Delete STREET ADDRESS STREET ADDRESS CITY-S1-ZIP Delete STREET ADDRESS STREET A	Mailing Address ROAD Stool Dunder ROAD Winter Haven FL 33894 Augustion of Business #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name PY, ALLAN L., ESO. AVE. "C" N.W. TER HAVEN FL 33881 City Signature, hyberd or printed name of registered agent and life if applicable or address of current Registered Agent NOTE: Registered office or registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS THE NAME SIRET ADDRESS CITY-S1-ZIP Delete TILE NAME SIRET ADDRESS CITY-S1-ZIP Delete TILE NAME SIRET ADDRESS CITY-S1-ZIP Delete	Secretary of 3 OI -23-2001 90018 049 ** See of Business BOAD AND SINDER RAD WINTER HAVEN FL 3884 Suite, Apt. #, etc. Country Ep. ALLAN L, ESO. AVE. "C" N.W. ERR HAVEN FL 3881 Country Examed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Foundation and elects to do so. If an above or present name of registered are the first NOTE Projection of State FL ALLAN L, ESO. AVE. "C" N.W. ERR HAVEN FL 33881 FL ALLAN L, ESO. AVE. "C" N.W. EXPLAINANT L SSO. AVE.	Secretary of State O1-23-2001 90018 049 ***150.00 In of Business Mailing Address Sub Under RAD Sub

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oddit, that i am an office of office 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

John N. Maxwell IV DVM