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

PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS							
	MENT # F950	00006190	(1)				
•	T. PETERSBURG ANIMAL	. HOSPITAL, INC.					
Principal Place of Business Mailing Address						DILI BOLII BEIJA EIJA)	fille ibiii ddii etdi
	i Park Blvd., Ste. 1000 IICA ca 90405	3420 OCEAN PAI SANTA MONICA		1000			
					3. Date Incorporated or Qualified 12/19/1995	3a. Date of La	
	Piace of Business	2a. Maling Addres	SS		4. FEI Number 95-4553986		Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt #, e	eta.		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & Stat	te	27 City & State			6. Election Campaign Financing	S	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zipi 29	30	ountry	8. This corporation has liability for Florida Statutes Yes		gers 199.032,
	9. Name and Address of Cu				10. Name and Address of New F	egistered Ager	nt
				81 Name			
	ERVICES, INC. PARK AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ile)	
	HASSEE FL 32301			83			
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			0		ating a harita this statement for the pu	FL Constant	a ite repletared office
 Pursuant or registe 	t to the provisions of Sections 607.0 ered agent, or both, in the State of	0502 and 607.1508, Florida Florida: Such change was a	Statutes, the a uthorized by the	e corporation's boa	ration submits this stalement for the purify of directors. Thereby accept the app	ointment as regis	stered agent Tarii
		Section 607.0505, Florida S	itatules.				
SIGNATURE	Signature Types or presentative of registere t			and Agent signature require		DA ^T E	ECTODO IN 10
12.		S AND DIRECTORS	1		ADDITIONS/CHANGES TO OFF	JOEKS AND DIK	
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