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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:41

DOCUMENT # G48063 (3)

1. Corporation Name

LUTZ ANIMAL HOSPITAL, MARY A. LEISNER, V.M.D., P.A.

Principal Place of Business	Mailing Address
1730 US HWY. 41 NORTH 220 SOUTH FRANKLIN ST. LUTZ FL 33549 US	220 SOUTH FRANKLIN ST. TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1983
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2301800 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1730 U.S. HIGHWAY 41	26 1730 U.S. HIGHWAY 41
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: ~~23~~ LUTZ, FL.	City & State: 28 LUTZ, FL.
Zip 24 33549 / Country 25 PASCO	Zip 29 33549 / Country 30 PASCO

9. Name and Address of Current Registered Agent

HADLOW, RICHARD B.
220 S. FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: VINCENT J. LEISNER
82 Street Address (P.O. Box Number is Not Acceptable): 4625 VICTORIA ROAD
83
84 City: LAND O'LAKES FL 85 Zip Code: 34639

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] 2-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	~~LEISNER, MARY~~ ERROR – NO CHANGE
STREET ADDRESS	1730 US HWY 41 NORTH
CITY-ST-ZIP	LUTZ, FL 00000
TITLE	S
NAME	LEISNER, VINCENT J.
STREET ADDRESS	1730 US HWY 41 NORTH
CITY-ST-ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: [signature] 2-14-95 813-949-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #