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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

POCUMENT # G48063

(3)

FILED Apr 11 1997 8:00am Secretary of State

1. Corporation Name LUTZ ANIMAL HOSPITAL, MARY A. LEISNER, V.M.D., P .A. Principal Place of Business 1730 US HWY 41 LUTZ FL 33549 US US								
03		00			3. Date Incorporated or Qualified 06/30/1983	1 -	te of Last 12/1996	•
	Place of Business	2a. Mailing Address			4. FEI Number		+	pplied For
21 Suite, Ap	t # etc	Suite, Apt #, etc.		·····	59-2301800			lot Applicable Additional
22		27			Certificate of Status Desired			Required
City & Sta	ile	City & State	·····		6. Election Campaign Financing		\$5.00) May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	r intangible		s. 199.032.
24	25 9. Name and Address of Curren	29 It Registered Agent	30		Florida Statutes 10. Name and Address of New R			
I F	ISNER, VINCENT J.			31 Name				<u> </u>
46	25 VICTORIA ROAD ND O'LAKES FL 34639	82 Street A			dress (P.O. Box Number is Not Accepte	able)		***************************************
			E	34 City		FL	85 Zip	Code
office or	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	of Florida, Such change was	authorized	by the corpor	ration's board of directors. I hereby according	ept the app	ointment a	s registered
SIGNATURE					guired when reinstaling)	DATÉ		
	Signature Typical or privided name of registered agri-	oni and title if applicable. (NO D DIRECTORS				DATE		
SIGNATURE	Signature Trypest or provided name of registered age OFF ICERS ANI	en) and title it applicable. (NO	TE: Registered /	Agent signatura req	guired when reinstating)	DATE		RS IN 12
SIGNATURE 12. THE NAME	Segretaria Agreet or printed name of acquisited agree OFFICERS ANI DP LEISNER, MARY	oni and title if applicable. (NO D DIRECTORS	13. 1.1 TITL	Agent signature req E	guired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND DP LEISNER, MARY 1730 US HWY 41 NORTH	oni and title if applicable. (NO D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI	Agent signature req E ME EET ADDRESS	guired when reinstating)	DATE	DIRECTO	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on the 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 directly of the corporation or the receiver or dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or po an effecting like that my name appears in Block 12 of Block 13 if changed, or po an effecting like that my name appears in Block 12 of Block 13 if changed.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF

CANCER OF LIGHTY

274 4-447 646-3-61

CRZE034 (9/96)