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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H08723

THOMAS JOSEPH MOLE, D.V.M., P.A.

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Principal Plac	e of Business	Mailing	Address				Banka étent esteu i	niote átots 100s	
CURRY FORD ANIMAL HOSP 6670 THE LANDINGS DR 7321 CURRY FORD RD ORLANDO FL 32812						DO NOT IMPLIE IN THIS CRASE			
ORLANDO FL 32822 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	•					07/01/1984			
2. Principal P	lace of Business	2a. Ma	iling Address			4. FEI Number	Ap	polied For	
21		26				59-2480613	No	t Applicable	
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional	
22	·	27				5. Certificate of Status Desired	Fee Re	equired	
City & Stat	te ·	_ 	y & State			6. Election Campaign Financing	\$5.00		
23		28		0		Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		Cour	ıtry	8. This corporation owes the current year In	ntangible ∐Yes	24 0	
24	9 Name and Address of Current	29 t Registere	d Agent	30	•	Personal Property Tax. 10. Name and Address of New Registered		JZ-MIO	
	g. Hatte and Address of Sufferin	:	a Agont		81 Name	IV. Hamo and Floations of How Hogisters	, rigoni		
	E, THOMAS JOSEPH				22 21 11	(0.0.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
7321 CURRYFORD ROAD				82 Street Ad	idress (P.O. Box Number is Not Acceptable)	P * 1 * 61 * 41 *			
ORL	ANDO FL 32822			Ī	83				
				-	84 City		85 Zip (Code	
an ratio at a fi	lunti				84 City	· FI	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1	508, Florida Statut	tes, the ab	ove-named co	rporation submits this statement for the purpose o	f 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 sceep the obligations of, Section 607.0505, Florida Statutes.								gistered	
SIGNATURE	W/allana	_			•	//,	19199		
		_				// 4	~7 <i> _ </i> _		
	Signature, yiped or printed name of registered agent	t and title if appli			Agent signature requ	uired when reinstating) OTE	7-1-1		
12.	Signature, typed or printed name of registered agent	t and title if appli)RS	13.		Lired when reinstating) ADDITIONS/CHANGES TO OFFICERS A			
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14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90002 047 ***150.00