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AMENDED AR H11199

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 1:04

CORPORATION ANNUAL REPORT 1996

DIVISION OF CORPORATION

DOCUMENT # H11199 (7)

1. Corporation Name

ANIMAL MEDICAL CLINIC OF PANAMA CITY BEACH, INC.

Principal Place of Business	Mailing Address
Animal Care Center 8905 Front Beach Rd. Panama City Beach, FL 32407	Animal Care Center 8905 Front Beach Rd. Panama City Beach, FL 32407

BK 9/12/96

3. Date Incorporated or Qualified: 07/06/1984
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2424923 [ ] 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[illegible] Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 Animal Care Center	26 Animal Care Center
Suite, Apt. # etc. 22 8905 Front Beach Rd	Suite, Apt. # etc. 27 8905 Front Beach Rd
City & State 23 Panama City Bch, FL	City & State 28 Panama City Bch., FL
Zip / Country 24 32407 / 25 USA	Zip / Country 29 32407 / 30 USA

9. Name and Address of Current Registered Agent

Scott D. McLelland
8905 Front Beach Road
Panama City Beach, FL 32407

10. Name and Address of New Registered Agent

81 Name: Scott D. McLelland
82 Street Address (P.O. Box Number is Not Acceptable): 8905 Front Beach Road
83
84 City: Panama City Beach FL 85 Zip Code: 32407

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: Scott D. McLelland 9-5-96
(Signature of Registered Agent) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] DELETE
NAME	Barr, Gerri C.	
STREET ADDRESS	8905 Front Beach Road	
CITY-ST-ZIP	Panama City Bch., FL 32407	
TITLE	Director President	[ ] DELETE
NAME	McLelland, Scott D.	
STREET ADDRESS	8905 Front Beach Road	
CITY-ST-ZIP	Panama City Bch., FL 32407	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[ ] Change [ ] Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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)(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.

SIGNATURE: Scott D. McLelland 9-5-96 904-235-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)