## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

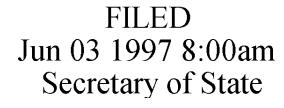
DOCUMENT # H84307

(8)

BEECHAM & JACOBSON NORTH ORANGE VETERINARY HOSPI TAL, P.A.

Principal Place of Business

Mailing Address





APOPKA FL 32712		APOPKA FL 32712	1424 W. CHANGE BLOSSOM THAIL APOPKA FL 32712-2637			
		:			3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 04/29/1996
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For
21		26	** <del> </del>		59-2596608	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, c			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Bo	
23 Country		26]			Trust Fund Contribution	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No	
24	25 29 30 9, Name and Address of Current Registered Agent			Florida Statutes Yes No  10, Name and Address of New Registered Agent		
DEC	CHAM, STEVEN A.	Trent riegistered Agent	81	Name	10, Name and Address of New Neg	rstered Agent
	N. ORANGE BLOSSOM TR	All				
	PKA FL 32703	ICIL	82	82 Street Address (P.O. Box Number is Not Acceptable)		e)
			83			
			84	City		FL 85 Zip Code
11. Pursuant to office or re	o the provisions of Sections 607 ogistered agopt or both, in the S	.0502 and 607.1508. Florida Stell of Florida. Such change	Statutes, the above was authorized by	e-named corp y-the corpora	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its registered I the appointment as registered
SIGNATURE	JOSEPH ANTE OF FOR THE	Della	Delles	WX	Blecke	5/3/27
12.	<u> </u>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	8TD	DELF	JE 11 THLE			Change Alddion
NAME	JACOBSON, RANDY K.		1.2 NAME			-
STREET ADDRESS	1424 N ORANGE BLOSSO	M TR	13 STREE	ADDRESS		•
CITY-ST-ZIP	APOPKA FL		1.4 CITY- S	ST - 71P		;
TITLE .	PD	☐ DELE	TE 21 THUE			Change Addition
NAME	BEECHAM, STEVEN A.		2.2 NAME			
STREET ADDRESS	1424 N ORANGE BLOSSO	IM TR	2 3 STREF	ADDRESS	,	
CITY-ST-ZIP	APOPKA FL		2. 4 C(1Y-	S1 - 7/P	*	
TITLE		DELE	TE 3.1 THILE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CHY-	\$1 - 7IP		
TITLE		DELE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			·
CITY-ST-ZIP			4.4 CITY - S	1 - 7IP		
TITLE		∐ DELE				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 a street	i		
CITY-ST-Z#P		There	54 CITY-S	T - 716°	·	Change
TITLE		∐ DELE				Change Addition
NAME			6.2 NAMI			
STREET ADDRESS			6.3 STREET	ł		
CITY-ST-ZIP	cartify that the information cur	officed with this fiftee where we	6.4 CITY-S	T-ZiP	d in Continu 110 07/2Vil Elevido Statutos	

roo 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 playing or on an attachment with an address.