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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J20010 (1)

1. Corporation Name
WEST ORANGE VETERINARY HOSPITAL, INC.

Principal Place of Business
1350 S. VINELAND RD
WINTER GARDEN FL 34787

Mailing Address
1350 S. VINELAND RD
WINTER GARDEN FL 34787-4341

3. Date Incorporated or Qualified 06/18/1986	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2775696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent STEVENS, ROBERT 1350 S. VINELAND RD. WINTER GARDEN FL 32787	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: Robert D. Stevens, DVM. President Date: March 3, '97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME STEVENS, ROBERT STREET ADDRESS 1350 S. VINELAND RD. CITY - ST - ZIP WINTER GARDEN FL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE D	NAME STEVENS, KATHY STREET ADDRESS 1350 S. VINELAND RD. CITY - ST - ZIP WINTER GARDEN FL	1.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. 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 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: Robert D. Stevens, DVM. Robert D. Stevens, DVM. Date: March 3, '97 407-656-1800

CR2E034 (9/96)