FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95509** **(2)**

1. Corporation Name
HIDDEN OAKS ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
4600 W. CYPRESS ST., SUITE 500 TAMPA FL 33607	4600 W. CYPRESS ST., SUITE 500 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/05/1987**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-2863307** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, AL R., JR., ESQ.
FREEMAN, LOPEZ & KELLY, P.A.
4600 W. CYPRESS ST., SUITE 500
TAMPA FL 33607

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	Dir/VP/S/T	☒ Change ☐ Addition
NAME	MCCAULEY, HEATHER	1.2 NAME	McCauley, Heather	
STREET ADDRESS	725 EAST LAKE RD NORTH	1.3 STREET ADDRESS	725 East Lake Road North	
CITY-ST-ZIP	TARPON SPGS FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL	
TITLE	DVS	2.1 TITLE	Dir/P	☒ Change ☐ Addition
NAME	MCCAULEY, STEVE E.	2.2 NAME	McCauley, Steve E.	
STREET ADDRESS	725 EAST LAKE RD, NORTH	2.3 STREET ADDRESS	725 East Lake Road North	
CITY-ST-ZIP	TARPON SPGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, DOUGLAS A.	3.2 NAME	Same	
STREET ADDRESS	833 EAST LAKE RD, NORTH.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, ANNE O.	4.2 NAME	Same	
STREET ADDRESS	833 EAST LAKE RD, NORTH.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 110.[illegible] certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the [illegible] 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 [illegible] and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: √ Steve E. McCauley Dir/P STEVE E. McCAULEY 4-6-95 √ (813) 942-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0698743 CP