

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J95509 (2)

1. Corporation Name

HIDDEN OAKS ANIMAL HOSPITAL, INC.



Principal Place of Business

4600 W. CYPRESS ST., SUITE 500
TAMPA FL 33607

Mailing Address

4600 W. CYPRESS ST., SUITE 500
TAMPA FL 33607

3. Date Incorporated or Qualified

10/05/1987

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

21 725 EAST LAKE RD. N.

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 City & State

23 Tarpon Springs, Florida

24 34689 25 U.S.A.

27 City & State

28

29 30

4. FEI Number

59-2863307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Signature typed or printed name of signing officer or director

NOTE: Registered Agents must be residents of the state

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DVPs
MCCAULEY, HEATHER
STREET ADDRESS
725 EAST LAKE RD NORTH
CITY-STATE-ZIP
TARPO SPGS FL

TITLE ☐ DELETE

NAME
DP
MCCAULEY, STEVE E.
STREET ADDRESS
725 EAST LAKE RD, NORTH
CITY-STATE-ZIP
TARPO SPGS FL

TITLE ☐ DELETE

NAME
D
BISHOP, DOUGLAS A.
STREET ADDRESS
833 EAST LAKE RD, NORTH.
CITY-STATE-ZIP
TARPO SPRINGS FL

TITLE ☐ DELETE

NAME
D
BISHOP, ANNE O.
STREET ADDRESS
833 EAST LAKE RD, NORTH.
CITY-STATE-ZIP
TARPO SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 199.07(3)(k), 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: STEVE E. MCCAULEY D.V.M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 (003)992-3646

CR2E034 (12/95)