

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 045 ***150.00

DOCUMENT # **J95509**

1. Corporation Name

HIDDEN OAKS ANIMAL HOSPITAL, INC.

Principal Place of Business

725 EAST LAKE RD., N
TARPON SPRINGS FL 34689
US

Mailing Address

725 EAST LAKE RD., N
TARPON SPRINGS FL 34689
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1987

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt., #, etc.

27

City & State

28

Zip Country

25

City & State

29

Zip Country

30

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

1. 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	DVPS	<input type="checkbox"/> DELETE
ME	MCCAULEY, HEATHER	
REET ADDRESS	725 EAST LAKE RD NORTH	
Y-ST-ZIP	TARPON SPGS FL	
LE	DP	<input type="checkbox"/> DELETE
ME	MCCAULEY, STEVE E.	
REET ADDRESS	725 EAST LAKE RD, NORTH	
Y-ST-ZIP	TARPON SPGS FL	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I 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:

Heather McCauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 727-942-3616
Date Daytime Phone #

CR2E034 (5/99)

0106979

Hidden Oaks
Animal Hospital

Heather L. McCauley, D.V.M.

J95509
587067-90007-45



Steve E. McCauley, D.V.M.

July 7, 1999

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We recently received our Annual Report packet, marked "Second Notice." Unfortunately, I never received the first notice. I was instructed by Carol at 1-850-488-9000 to enclose a check for \$150 with a request that the late fee be waived. I hope this can be arranged.

Thank you.

Sincerely,

Heather McCauley DVM

Heather L. McCauley, D.V.M.