


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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90030 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K10602</b>			
1. Corporation Name <b>Nancy M. Gerhardt D.V.M., P.A.</b>			
Principal Place of Business <b>4525 26th St. W. Bradenton, FL 34207</b>		Mailing Address <b>4525 26th St. W. Bradenton, FL 34207</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>05-0032405</b>	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
9. Name and Address of Current Registered Agent <b>MARC H FELDMAN 3908 - 26 ST W BRADENTON, FL 34205</b>		10. Name and Address of New Registered Agent	
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.		81 Name	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		83	
DATE		84 City	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
NAME	STREET ADDRESS	1.2 NAME	1.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.3 CITY-ST-ZIP
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.1 NAME
NAME	STREET ADDRESS	2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 CITY-ST-ZIP
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.1 NAME
NAME	STREET ADDRESS	3.2 NAME	3.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 CITY-ST-ZIP
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.1 NAME
NAME	STREET ADDRESS	4.2 NAME	4.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 CITY-ST-ZIP
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.1 NAME
NAME	STREET ADDRESS	5.2 NAME	5.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 CITY-ST-ZIP
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 CITY-ST-ZIP
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE: **Nancy M. Gerhardt, DVM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (11/98)