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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90013 030 ***150.00

DOCUMENT # K25662 1. Corporation Name ANIMAL HOSPITAL AT MISSION BAY PLAZA, INC.											1	
D-111 D1	· · · · · · · · · · · · · · · · · · ·		Mailing Add	lenge.							- - -	
Principal Place		•		_								
20401 STATE RD #7 20401 STATE RD #7 STE. #G-14 STE. #3-14												
BOCA RATON FL 33498			BOCA RATON FL 33498					DO NOT WRITE IN THIS SPACE				
			(1)					3. Date Incorporated or Qualifed				:
···			<u></u>			*		06/06/1988 4. FEI Number		1 4	lied For	
2. Principal Place of Business			2a. Mailing Address 26 2200 N.W. 23 Way					65-0060813	}	_	Applicable	i
Suite, Apt. #, etc.			Suite, Apt. #, etc.						. \$8	.75 Ac		,
22	.,,		27	' '				5. Certificate of Status Desired	,	ee Req	uired	
City & State			City & S	State (7)		1 2.1		6. Election Campaign Financing	\$	5.00 N	lay Be	
23	•		28 800	<u>a 'Kn</u>	V117	1, 1-1	٠.	Trust Fund Contribution	, φ	dded to	Fees	
Zip		Country	تاب ر <u>تاب</u>	121 r	$-\mathcal{Z}_{con}$	Ly R	٧٠.	8. This corporation owes the current		_	∏No	
24	25		29 05	: - · - 	30 He	in De	741.	Personal Property Tax. 10. Name and Address of New Regi	stored Agent		NO	
	9. Name and	d Address of Current	Registered Ag	ent		81 Name	-	10. Haille alto Audress of Hear Negr	stered Agen	-		
PHILI	LIPS, JOHN E.				L							
20401 STATE ROAD 7						82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	•			
BOC	A RATON FL 3	33498			t	83						
						nd City			85	Zip Co	nde	
	•					84 City			FL	'		
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508,	Florida Statute	s, the ab	ove-named	corpor	ration submits this statement for the purp	ose of chang	ing its n	egistered istered	Ì
office or n	m familiar with	or both, to the State of	r Florida. Such o ons o≴ Secti ô n (change was au 607₄0505. Flor	uthorized ida Statu	by the corp tes.	oration	's board of directors. I hereby accept the	e appointmen	ı as r o yı	0.000	
l	m familiar with	and accept the obligation	ons of Section	change was at 607,0505, Flor	uthorized rida Statu	by the corp tes.	oration	's board of directors. I hereby accept the	e appointmen	ı as r o yı		
SIGNATURE	,	ited name of registered agent	and title if applicable.	Show	Registered /	by the corp les.	oration	when reinstating)	A DATE			í
SIGNATURE	Signature, typed or pri	Jahn E	and title if applicable. DIRECTORS	Note	Registered /	by the corp les. Agent signature	oration	1's board of directors. I nereby accept the	DATE ERS AND DIF	RECTOR		11/98)
SIGNATURE 12. TITLE	Signature, typen or pri	of ted name of registered agent	and title if applicable. DIRECTORS	Show	Registered /	by the corp les. Igent signature	oration	when reinstating)	DATE ERS AND DIF			4 (44/08)
SIGNATURE 12. TITLE NAME	Signature, types or pri PD PHILLIPS, JO	OFFICERS AND	and title if applicable. DIRECTORS	Note	Registered /	by the corp les. Agent signature	required v	when reinstating)	DATE ERS AND DIF	RECTOR		5024 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD PHILLIPS, JO 20401 STAT	OFFICERS AND OFFICERS AND OFFICERS AND OHN E. TE ROAD 7	and title if applicable. DIRECTORS	Note	13. 1.1 T/T/ 1.2 NA/ 1.3 STF	by the corp les. Spont signature E ME REET ADDRESS	required v	when reinstating)	DATE ERS AND DIF	RECTOR		20E034 (44/08)
SIGNATURE 12. TITLE NAME	PD PHILLIPS, JO 20401 STAT BOCA RATO	OFFICERS AND OFFICERS AND OFFICERS AND OHN E. TE ROAD 7	and title if applicable. DIRECTORS	Note	13. 1.1 T/T/ 1.2 NA/ 1.3 STF	by the corp les. Agent signature E AE EEET ADDRESS Y-ST-ZIP	required v	when reinstating)	DATE ERS AND DIF	RECTOR		CR2E034 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, JO 20401 STAT BOCA RATOL	OFFICERS AND OFFICERS AND OHN E. TE ROAD 7 N FL	and title if applicable. DIRECTORS	DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	by the corples. Legent signature E ME EEET ADDRESS Y-ST-ZIP E	required v	when reinstating)	DATE ERS AND DIF	RECTOF	RS IN 12	CR2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PHILLIPS, JO 20401 STAT BOCA RATOL ST PHILLIPS, MA	OFFICERS AND OFFICERS AND OHN E. E ROAD 7 N FL ARY, E	and title if applicable. DIRECTORS	DELETE	13. 1.1 TM 1.2 NA 1.3 STF 1.4 CIT 2.1 TM 2.2 NA	by the corples. Legent signature E ME EEET ADDRESS Y-ST-ZIP E	required	when reinstating)	DATE ERS AND DIF	RECTOF	RS IN 12	CR2En34 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PHILLIPS, JO 20401 STAT BOCA RATOL ST PHILLIPS, MA	OFFICERS AND OFFICERS AND OHN E. E ROAD 7 N FL ARY, E E ROAD 7 #G-14	and title if applicable. DIRECTORS	DELETE	13. 1.1 TM 1.2 NAV 1.3 STF 1.4 CIT 2.1 TM 2.2 NAV	by the corples. Agent signature E AE E E E E T T T T T T T T T	required	when reinstating)	DATE ERS AND DIF	RECTOF hange	RS IN 12 Addition Addition	CR2En34 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PHILLIPS, JO 20401 STAT BOCA RATO ST PHILLIPS, MA 20401 STATE	OFFICERS AND OFFICERS AND OHN E. E ROAD 7 N FL ARY, E E ROAD 7 #G-14	and title if applicable. DIRECTORS	DELETE	Registered / 13. 1.1 TM 1.2 NA/ 1.3 STF 1.4 CIT 2.1 TM 2.2 NA/ 2.3 STF 2.4 CM 3.1 TM	by the corples. Agent signature E ME EEET ADDRESS Y-ST-ZIP E ME EEET ADDRESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E	required	when reinstating)	DATE ERS AND DIF	RECTOF	RS IN 12	(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PHILLIPS, JO 20401 STAT BOCA RATO ST PHILLIPS, MA 20401 STATE	OFFICERS AND OFFICERS AND OHN E. E ROAD 7 N FL ARY, E E ROAD 7 #G-14	and title if applicable. DIRECTORS	DELETE	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV	by the corples. Agent signature E AE RE RE AE AE AE AE AE AE	required	when reinstating)	DATE ERS AND DIF	RECTOF hange	RS IN 12 Addition Addition	CR2E034 (11/08)
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14. 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 of the receiver of 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, with another like empowered.

SIGNATURE: