

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K54439 (0)**

1. Corporation Name

**BLOOMER & PHILLIPS EQUINE PRACTICE, P.A.**



Principal Place of Business

12410 NW U.S. HWY 27  
OCALA FL 34482  
US

Mailing Address

12410 NW US HWY 27  
OCALA FL 34482  
US

2. Principal Place of Business

21  
State, Apt. #, etc.

22  
City & State

23  
Zip Country

24

2a. Mailing Address

26  
State, Apt. #, etc.

27  
City & State

28  
Zip Country

29 30

3. Date Incorporated or Qualified  
**01/01/1989**

3a. Date of Last Report  
**04/28/1995**

4. FLI Number  
**59-2929174**

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

**PUTNAL, BRYAN L  
1800 FIRST UNION TOWER  
225 WATER STREET  
JACKSONVILLE FL 32202**

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 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person designated as registered agent

Signature of the Agent for the Corporation

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE

NAME **D BLOOMER, ROBERT J.**  
STREET ADDRESS **12410 NW US HWY 27**  
CITY, ST, ZIP **OCALA FL**

2. TITLE  DELETE

NAME **D PHILLIPS, HARRELL H.**  
STREET ADDRESS **12410 NW US HWY 27**  
CITY, ST, ZIP **OCALA FL**

3. TITLE  DELETE

4. TITLE  DELETE

5. TITLE  DELETE

6. TITLE  DELETE

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27. TITLE  DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. TITLE  Change  Addition

3. TITLE  Change  Addition

4. TITLE  Change  Addition

5. TITLE  Change  Addition

6. TITLE  Change  Addition

7. TITLE  Change  Addition

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9. TITLE  Change  Addition

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27. TITLE  Change  Addition

28. TITLE  Change  Addition

29. TITLE  Change  Addition

30. TITLE  Change  Addition

31. TITLE  Change  Addition

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (352) 629-7260

CR2E034 (12/95)