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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K69451 (8)
1. Corporation Name
BEACHES & SUMMERLIN VETERINARY HOSPITALS, P.A.



Principal Place of Business: **17284 SAN CARLOS BLVD. SUITE 104 FT MYERS BEACH FL 33931**
Mailing Address: **17284 SAN CARLOS BLVD. SUITE 104 FT MYERS BEACH FL 33931-5328**

3. Date Incorporated or Qualified: **02/27/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-011671		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, JOHN S.W II 17284 SAN CARLOS BLVD., #104 FT MYERS BEACH FL 33931				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	DAVIS, JOHN S.W. II	1.2 NAME	Davis, John S.W. II
STREET ADDRESS	19004 PINE RUN LN.	1.3 STREET ADDRESS	6880 Circle Dr.
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, FL 33905
TITLE	DELETED	2.1 TITLE	Change Addition
NAME	DELETED	2.2 NAME	Change Addition
STREET ADDRESS	DELETED	2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	2.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	3.1 TITLE	Change Addition
NAME	DELETED	3.2 NAME	Change Addition
STREET ADDRESS	DELETED	3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	3.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	4.1 TITLE	Change Addition
NAME	DELETED	4.2 NAME	Change Addition
STREET ADDRESS	DELETED	4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	4.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	5.1 TITLE	Change Addition
NAME	DELETED	5.2 NAME	Change Addition
STREET ADDRESS	DELETED	5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	5.4 CITY-ST-ZIP	Change Addition
TITLE	DELETED	6.1 TITLE	Change Addition
NAME	DELETED	6.2 NAME	Change Addition
STREET ADDRESS	DELETED	6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DELETED	6.4 CITY-ST-ZIP	Change Addition

14. I do 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 _____ DATE 11/25/97

CR2E034 (9/96)