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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32519

(5)

VETERINARY DIAGNOSTIC LABORATORY, INC.

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address Mailing Ma			TNAL .S HWY 27			
US		U\$			 Date Incorporated or Qualified 11/27/1989 	3a. Date of Last Report 05/01/1996
2. Principal P	ace of Business	2a. Mailing Address 26			4, FEI Number 59-2985990	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	·	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
PUT	NAL, BRYAN L.		81	Name		
	WATER ST	oi no	82 Street Addre		ress (P.O. Box Number is Not Acceptable)	
1) Florida national bank e K so nville fl 32202	blud	83			
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuto				l		FL 5 2 F Code
11. Pursuant i	to the provisions of Sections 607.0: eaistered agent, or both, in the Sta	502 and 607.1508, Florida S ite of Florida. Such change v	tatules, the above was authorized by	e-named co / the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	aurpose of changing its registered to the appointment as registered.
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0509	Florida Statutes	s `	· ·	.,
SIGNATURE	Signature, typed or printed name of registered		(NOW) Free all Annual A		quired when renstating)	DATE
12.		AND DIRECTORS .	13.	an signature as	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST	DELETE			7,007,10,10,01,111,102,010,017,10	Change Addition
NAME	PHILLIPS, HARRELL H.		1.2 NAME			_
STREET ADDRESS	12410 NW US HWY 27		1,3 STREET	ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY - S			
TITLE	VD	X DELETE			Vice-President	Change Addition
NAME	BLOOMER, ROBERT J.	/-	2.2 NAME	l i	Ohilling Dehbick.	<i>,</i> .
STREET ADDRESS	12410 NW US HWY 27		2.3 STREET	ADDRESS	17 11 16 1 10 11 11 11 11 12	·3
CITY-ST-ZIP	OCALA FL		2.4 CITY-5	\$1-ZIP	Phillips, Debbick. 12410 NW US HWY 2 OCALA, FL 344812	•
TITLE		DELETE			34.15.04	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	51 - ZIP		
TITLE		DELETE				Change Addition
NAME			6.2 NAME			
OTRETT ADDRESS			0.3.016607	About ce		

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 fam an officer or director of tree-from 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 12 or Block 13 or on an attachment with an address.