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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M69470 1. Corporation Name

MICHAEL P. STITZEL D.V.M., P.A.

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

02-13-1999 90023 028 \*\*\*150.00



Principal Place of Business Mailing Address					1 1005148814 111 011(15 58111 84014 1004) 681(4 D11	HI OLDIA DIDIN DIDIN	
1055 N WICKH MELBOURNE F		1055 N WICKHAM RD MELBOURNE FL 32935			. ,		
					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					02/24/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2878014	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	04 8	la	10. Name and Address of New Registere	d Agent	
STIT	ZEL, MICHAEL, P, DVM		81 1	Name .	•		
	5 N WICKHAM RD		82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	BOURNE FL 32935						
WEEDOONIAE 1 E 32300			83			1	
			84 (	City	<u> </u>	85 Zip C	ode
			ii		<b>F</b>		,
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	≀ and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-na orized by the	amed corpo	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.	ou poració.	bodie of directors. I floreby accept the app	omment as reg	Jistered
SIGNATURE							
	Signature, typed or printed name of registered agent		gistered Agent sig	nature required			
TITLE	OFFICERS ANI	D DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
NAME	STITZEL, MICHAEL P.	C betere	1.1 TITLE		• • •	☐ Change	☐ Addition ☐
i	1055 NORTH WICKHAM RD.			,	•		_   \
STREET ADDRESS			1.2 NAME	1	•		_ ,   }
CITY-ST-ZIP	MELDALIDNE CI		1.3 STREET ADO	ORESS	• • • • • • • • • • • • • • • • • • •	:	
	MELBOURNE FL	DELETE		DRESS		Change	L Addition
	· sr	☐ DELETE	1.3 STREET ADO	DRESS		:	L-J Addition
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Inis filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information grown is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empty produce execute this report as required by Chapter 607, Florida Statutes; and that my name appears in confirm and trustee with III other like empowered. 14. I hereby certify that the information supplied with indicated on this annual report by supplemental officer or director of the corporation of the lead Block 12 or Block 13 if changed, of an anyattac

SIGNATURE:

G OFFICER OR DIRECTOR