


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 AR
CORPORATION
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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118622

1. Corporation Name

Blue Cross Animal Clinic, Inc.

2. Principal Office Address

1603 East Main Street

3. Mailing Office Address

1603 East Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

Leesburg, Florida

Zip

34478

Country

United States

Zip

34478

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/05/2002

5. FEI Number

59-3021219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600035807546
05/10/04--01050--001 **750.00

7. Name and Address of Current Registered Agent

Name

George Ortiz

Street Address (P.O. Box Number is Not Acceptable)

1515 East Silver Springs Boulevard

Suite, Apt. #, Etc.

Suite 128

City
Ocala

State
FL

Zip Code
34470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 5, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Susan Lee	10021 SW 182nd Circle	Dunnellon, Florida 34432
D/VP	Edie Webber	10021 SW 182nd Circle	Dunnellon, Florida 34432
S/T	Susan Lee	10021 SW 182nd Circle	Dunnellon, Florida 34432

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5, 2004 352/787-3904

Date

Daytime Phone #

CR2ED01 (01/04)