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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P92000010537 (8) **DOCUMENT #**

DOUGLAS K. DAMPIER, D.V.M., P.A.



3a. Date of Last Report 04/25/1995

3. Date Incorporated or Qualified 12/07/1992

Principal Place of Pusiners WASH WATW 2 80 2 LAKE WASHINGTON RD MELBOURNE FL 32904-	Ro	Mailing Address - SOIZ LAKE WAS INCTON FID MELBOURNE FL 92554
MEEDOOME IE GEOOT		MELDOGINE I E GEGOT

WIDN RD 32935 32935

h	lace of Busin	200	2a. Mailing	g Address			4. FEI Number	Applied For		
21			26				59-3155377	Not Applica		
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona Fee Required		
City & State	е		City &	State			6. Election Campaign Financing	\$5.00 May Be		
23			28				Trust Fund Contribution	Added to Fees		
Zıp		Country	Zip		Country		8. This corporation has liability for intangible tax u	ander s 199.032,		
24 25 29 30					30		Florida Statutes 🙀 Yes 🗌 No			
	9, Name	and Address of Cur	ent Registered A	lgent			10. Name and Address of New Registered Ag	ent		
					81	Name				
	, KATHERII	NE M			82	Street	Address (P.O. Box Number is Not Acceptable)			
	HWY A1A									
STE 2					83					
INDIAL	ANTIC FL	32903			84	City		25 Code		
					04	City	FL	85 Zip Code		
11. Pursuant t	to the provisi	ons of Sections 607.05	02 and 607.1508,	Florida Statutes	s, the above-r	named co	orporation submits this statement for the purpose of chang	ing its registered c		
l or register familiar wi	red agent, or th. and acce	both, in the State of FI of the obligations of, Sc	orida. Such change ection 607.0505. F	e was authorized Iorida Statutes	d by the corp	oration's	troard of directors. I hereby accept the appointment as re	gistered agent. I ar		
SIGNATURE										
	Signature, typed	or printed name of registered a:	ent and title if applicable	(NOTE	E Registered Ager	t signature n	required when reinstalking) DATE			
12.		OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12		
TITLE	D			DELETE	1. 1 TITLE		ধ্ব	Change 🔲 Additi		
NAME	DAMP	ier, douglas k			1.2 NAME					
STREET ADDRESS	3012-	lake washingto i	4- UD.		1 3 STREFT	ADDRESS	2800 LAKEWASHWGTOV R	و`		
CITY - ST - ZIP	MELB	Ourne fl 02934 →			1.4 CiTY - S	T-ZIP	329	35		
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NAME					2.2 NAME		_			
STREET ADDRESS					23 STREFT	ADDRESS				
CITY-ST-ZIP					24 CITY-S					
11116				DELETE	3.1 TITLE			Change Addition		
NAME			_		3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP					3.4 CITY - S					
TITLE	1			DELETE	4. 1 TITLE			Change		
NAME					4.2 NAME			- 		
STREET ADDRESS					4.3 STREET	ADDRESS				
CHTY-ST-ZiP					4.4 CITY - S	ŀ				
TITLE				DELETE	5. 1 TITLE		П	Change [T] Addition		
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY - ST - ZIP					5.4 CITY-S					
TITLE			Γ	DELETE	6 1 TITLE		П	Change		
NAME				_	6.2 NAME			a		
STREET ADDRESS]				6.3 STREET	ADDRESS				

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DOUGLAS K. DAMILEA 4/18/96 407259-877

CR2E034 (12/95)