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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000012093 (0)

TOMOKA PINES VETERINARY HOSPITAL, INC.

## FILED Jan 29 1998 8:00am Secretary of State



	e of Business		Mailing A	Address			''-			181 14818 16841 88118 1	
750 SOUTH NOVA RD. 750 SOUTH NO ORMOND BEACH FL 32174 ORMOND BEAC											
ORMOND BEA	ICH FL 32174		ORMON	D BEACH FL	32174			DO NO.	T WRITE IN T	THIS SPACE	
							3 Date	Incorporated or Qu			
							1	01/1993			
2. Principal Pl	ace of Business		2a. Mailin	ng Address	·		4. FEI N			1	Applied For
21			26				59	-3155767			Vot Applicable
Sulte, Apt.	#, etc.		Suite,	Apt. #, etc.		·		icate of Status Des	ired	\$8.75	Additional
22			27				<b>5.</b> Certii	cate of Status Des	areo L	Fee F	Required
City & State	9		City &	State			6. Electi	on Campaign Fina	ncing	\$5.00	О Мау Ве
23			28				Trust	Fund Contribution		Added	to Fees
Zip	Cour	nlry	Zip		Cour	atry		corporation owes o			
24	25		29		30			nal Property Tax d			L No
	9, Name and Add		Hegistereo /	agent		81 Name	10. Name	and Address of	New Hegiste	ered Agent	
	(LOR, RALPH N JR				['	81 Name					
	SOUTH NOVA RO				Ī	82 Street Add	dress (P.O. Bo	x Number is Not A	cceptable)		
ORI	MOND BEACH FL	32174			Į.						
					[ ]	83					
					<u> </u>	B4 City	<u> </u>			85 Zip	Code
11. Pursuant t	o the provisions of Se	ections 607.0502	end 607.150 of Florida, Suc	8, Florida Sta	itutes, the ab	ove-named cor by the corner	rporation subn	nits this statement	for the purpo	se of changing	its registered
agent. I ar	n familiar with, and a	ccept the obliga	tions of, Secti	on 607.0505,	Florida Statu	iles.	anon's board t	or all obtors. Theret	y accopi in	z appointment a	a registered
SIGNATURE											
	Signature, typed or printed no					Agent signature requ		<u> </u>		ATE	
12.	_	OFFICERS AND	DIRECTORS		13.			ONS/CHANGES TO	O OFFICERS	AND DIRECTO	PRS IN 12
****	A	-		OFFETE		-	ADDITI	ONO/ONANGES I	O OI TIOLIIO		Addition
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