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**PROFIT**  $\sqrt{}$  CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90022 020 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000026278

1. Corporation Name

ANIMAL	EYE ASSOCIATES, P.A.										
Principal Place	e of Business	Mailing Ad	idress					<b></b> (1141 <b>40</b> 3)( <b>40</b> 11) (	<b>   </b>	IN MILLS )1911 +1	
-		-									
843 S. ORLANDO AVE. WINTER PARK FL 32789  843 S. ORLANDO AVE. WINTER PARK FL 32789											
US US							O NOT WRITE	IN THIS S	PACE	·	
							3. Date Incorporated	or Qualifed	•		
						•	04/05/1993				
2 Principal Pi	lace of Business	2a. Mailing	Address				4. FEI Number			App	lied For
21		26					59-3173631			Not	Applicable
Suite, Apt.	#. etc.		Apt. #, etc.					- 0: [	<del>-1</del>	\$8.75 A	dditional
<b>—</b>	,, 5.5.	27	•				5. Certifcate of Status	s Desired L		Fee Red	quired
City & State	Φ.	City &	State				6. Election Campaign	Financing		\$5.00	May Be
— ·		28					Trust Fund Contrib	_		Added to	
Zip	Country	Zip	-	Coun	trv		8. This corporation of		t vear Intan	aible	,
	25	29		30	•		Personal Property				<b>⊠</b> No
24	9. Name and Address of Cur			[30]			10. Name and Addre		istered A	gent	
****	5. Hame and Address of Con-		V.		81	Name				,	
BERI	MAN, JED			L	_						
	S. KNOWLES AVE.				82	Street Addres	ss (P.O. Box Number is	Not Acceptable	e)		
	TER PARK FL 32789				83		1 1 1 1 1 1 1 1 1 1 1	11 * 14 * 15 * 15 * 15 * 15 * 15 * 15 *	APART OF A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	N2 2 155
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	•			1	84	City			<b>C</b> 1	85 Zip C	ode
and it may be		4.5%							<u> FL</u>		
	171. 3										
11. Pursuant office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	0502 and 607.1508 ate of Florida. Such ligations of, Section	3, Florida Statu n change was a n 607.0505, Flo	tes, the about the state of the	ove-r by th tes.	named corporation	ration submits this state n's board of directors. I h	ment for the pu nereby accept t	rpose of cr he appoint	ment as reg	registered pistered
11. Pursuant office or r agent. I a SIGNATURE	ım familiar with, and accept the obl	ngations of, Section	11 607.0303, FIC	nica Statu		-		ment for the punereby accept t	he appoint	ment as reg	registered pistered
SIGNATURE	Im familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable	e. (NOTI	Registered A		named corporation	when reinstating)	•	DATE		
signature	Signature, typed or printed name of registered OFFICERS	ngations of, Section	e. (NOT)	Registered A	vgent s	-		•	DATE CERS AND		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered  OFFICERS	agent and title if applicable	e. (NOTI	Registered A	\gent s	-	when reinstating)	•	DATE CERS AND	DIRECTO	RS IN 12
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP