

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028365 (3)

1. Corporation Name

LAKE SIDE ANIMAL CLINIC INC

Principal Place of Business

8549 GUNN HWY.
ODESSA FL 33558

Mailing Address

25400 U.S. HWY. 19 to 2000
#225
CLEARWATER FL 34623

FILED
Aug 19 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1993		3a. Date of Last Report 06/05/1996	
21 Suite, Apt. #, etc.		26 6200 Courtney Campbell (SW)		4. FEI Number 59-2992058		Applied For Not Applicable	
22 City & State		27 690		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Tampa FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 33607		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

DIASTI, TEREK
19807 GUNN HWY.
ODESSA FL 33558

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DIASTI, TEREK	1.2 NAME	no changes / no additions
STREET ADDRESS	19807 GUNN HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33558	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	DIASTI, ADAM	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	880 MANDLEY #613C	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

T. R. DIASTI

8/5/97

208-1996

CR2E034 (4/97)