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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P93000042188 (1) **DOCUMENT** #

SAFARI ANIMAL CLINIC, P.A.

	Mailing Address
Principal Place of Business	
6610 E FOWLER AVE TAMPA FL 33617	6610 E FOWLER AVE SE. T TAMPA FL 33617

America 2017	1	TAMPA FL 33617						T	\011 cm	nd
TAMPA FL 33617						3. Date Incorporated or 06/10/1993		e of Last Fleps 14/24/1995	<u> </u>	
		Do Madeon Address				4. FEI Number			نـــــــــــــــــــــــــــــــــــــ	plied For
Principal Place	of Business	2a. Mailing Address				65-0421723				ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc	J.			5. Certificate of Status	Desired		\$8.75 A Fee Re	
		City & State				6. Flection Campaign F	Financing		\$5.00	May Be
City & State		28				Trust Fund Contribut	ution	-		to Fees
		28		Country		8. This corporation has	s liability for	intangible t	tax under s 1	i <del>a</del> a.∪37,
Ζιρ	Country	Zip [29]	30	,		Florida Statutes	✓ Yes	s ∐No		
]	9. Name and Address of Curr					10. Name and Addres	ss of New I	negisterec	- LAGIST	
	9. Name and Address of Cur.			81	Name			_		
PICI PTEMI	JS, ALBERT H			82	Street Addr	dress (P.O. Box Number is N	lot Acceptal	ble)		
6610 E FO	OWLER AVE			83	<u> </u>					
TAMPA FL	. 33617			83						Code
				84				F	Li	
	the provisions of Sections 607.0 d agent, or both, in the State of F				1		nt for the -		-banding its re	egistered offin
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I do hereby certify that the information supplied with this filing is voluntarily furnished and coes 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corumnation 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 or attachment with an address SIGNATURE: SIGNATURE AND WHED OR WINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOURTED NAME OF SIGNING OFFICER OR DIRECTOR