SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000010262 (1)**

1. Corporation Name
DUNNELLON ANIMAL HOSPITAL, P.A.

Principal Place of Business
3030 WEST DUNNELLON RD (CR488)
DUNNELLON FL 34433-3005
US

Mailing Address
3030 WEST DUNNELLON RD (CR488)
DUNNELLON FL 34433-3005
US

3. Date Incorporated or Qualified: **02/01/1994**
3a. Date of Last Report: **06/23/1995**

4. FEI Number: **59-3221377** [ ] Applied For [ ] Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
KRUEGER, SCOTT DAVID
234 SOUTH MAIN STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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's signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MACK, D. PAUL DR.	
STREET ADDRESS	2030 WEST DUNNELLON ROAD	
CITY - ST - ZIP	DUNNELLON FL 34433-3005	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	300001918683	[ ] Change [ ] Addition
6.2 NAME	-08/12/96--01009--022	
6.3 STREET ADDRESS	***225.00	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Paul Mack — D. PAUL MACK — Date 8/5/96 — Daytime Phone 352 489-2074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS 5/9/96

CR2E034 (3/96)

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