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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010262

DUNNELLON ANIMAL HOSPITAL, P.A.

DO NOT WRITE IN THIS SPACE  LINEALINE R, 194333005  US  2 2 3 8  2 2 3 8  2 3 Data Incorporated or Qualifies  C/2/01/1994  2 Pincipal Place of Business  2 3 Mailing Address  2 5 Series	Principal Place of Business Mailing Address					( (861)681 III (811) BISH SBHI SBHI SBHI SBHI HEN 48118 HEN ANN HEN	
DO NOT WRITE IN THIS SPACE	3020 WEST DUNNELLON RD	2020 WEST DUNNELLON RE	)			•	
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2.   Principal Place of Business   2a. Mailing Address   4. FEI Number   59-322 (1377   1804 Applied For	US O						
2. Mailing Address   2a. Mailing Address   5. Section   5. Section   5. South, Apt. #, etc.   27   5. South, Apt. #, etc.   27   5. Certificate of Status Desired   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   7. South, Apt. #, etc.   28   7. South, Apt. #, etc.   29   29   20   29   20   29   30   7. South   7. South	2638	248				1	
25   Suito, Apt. #, etc.   Suito, Apt. #,							
Suite, Apt. 8, etc.    21	2. Principal Place of Business 2a. Mailing Address					l	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certicate of Status Desired   S. Fadditional Fee Required   Fee Require	21						
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City & State  23	27					Fee Required	
28   Trust Fund Contribution   Added to Feese   Added t	City & State City & State					6. Election Campaign Financing S5.00 May Be	
Zip	23					Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent  CHRIS EGAN, J.D. 20761 CHESTNUT ST.  DUNNELLON FL 34431  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  44 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named Corporation authmits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 60 75058. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. STREET ADDRESS  DUNNELLON FL 34433-3005  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. Change Addition  10. STREET ADDRESS  10. STREET ADDRESS  11. STREET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City  15. STREET ADDRESS  16. STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  19. STRE	Zip Country						
CHRIS EGAN, J.D. 20761 CHESTNUT ST. DUNNELLON FL 34431  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 807 1508. Florida Statutes, the above-ranned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  DMACKLO, PAUL DR.  13 SIRRETADORESS  OTV-ST-ZP  DUNNELLON FL 34433-3005  DELETE  11 TILE  DUNNELLON FL 34433-3005  DELETE  2 1 TILE  DUNNELLON FL 34433-3005  DELETE  2 1 TILE  DUNNELLON FL 34433-3005  DELETE  3 1 TILE  2 2 NAME  3 SIRRETADORESS  OTV-ST-ZP  DELETE  4 TITLE  DELETE  5 TITLE  DELETE  4 TITLE  DELETE  5 TITLE	24 25	29	30				
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20761 CHESTNUT ST. DUNNELLON FL 34431  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appropriatment as registered agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  Description of princed rame of impatende agent and life it applicable.  MCPT: Registered Agent agentatives required when requised when required when required when required prince and proposed in the composition of the com			8	1	Name		
20/61 CHESTINUT ST.  DUNNELLON FL 34431  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 6502 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 office or registered agent, and familiar with, and accept the obligations of Section 607/0505, Florida Statutes.  SIGNATURE  Signature Typed or princed raine of tragsported agent and the 1 supplication.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OBLETE  11. TITLE  DELETE  12. TITLE  DELETE  22. TITLE  DELETE  33. TREET ADDRESS  CITY-ST-ZP  DUNNELLON FL 34433-3005  14. CITY-ST-ZP  DUNNELLON FL 34433-3005  16. CTY-ST-ZP  TITLE  DELETE  33. STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  34. TITLE  DELETE  35. TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ALCITY-ST-ZP  TITLE  DELETE  35. TITLE  DELETE  35. TITLE  DELETE  35. TITLE  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	CHRIS EGAN, J.D.		-	2	Street Address	es (P.O. Boy Number is Not Accentable)	
Sections	20761 CHESTNUT ST.		l°	2	Street Addres	ss (F.O. box (quiliber is 140) Acceptable)	
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SIGNATURE   Signature, typed or princed name of regulated agent and led if applicable.   (NOTE: Registered Agent signature required when retrolating)	office or registered agent, or both, in the Sta	te of Florida. Such change was au	thorized b	γij	he corporation	's board of directors. I hereby accept the appointment as registered	
Signature Typed on princed implicational pages and test if applicables.   In Title	_						
TITLE D DELETE 1.1 TITLE   Change   Addition   NAME	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE: I	Registered Ag	jent	signature required v	The state of the s	
MACK_D_PAUL DR.   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   DUNNELLON FL 34433-3005   14 CITY-ST-ZIP   DUNNELLON FL 34433-3005   14 CITY-ST-ZIP   Change   Addition   Add	12. OFFICERS		13.				
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atternatives and the second se	STREET ADDRESS		6.3 STRE	ETA	ADDRESS		

14. I 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90137 023 \*\*\*150.00