

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:48

DOCUMENT # P94000012762 (8)

1. Corporation Name

OCALA SQUARE ANIMAL CLINIC, P.A.

Principal Place of Business
21 NORTH MAGNOLIA AVE.
OCALA FL 34475

Mailing Address
21 NORTH MAGNOLIA AVE.
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 3631 N.E. 8th Place

2a. Mailing Address

26 3631 N.E. 8th Place

4. FEL Number

59-32339-73

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 Ocala, FL

City & State

28 Ocala, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

24 34471

Country

25 USA

Zip

29 34471

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEWS, ERIC F
3631 N.E. 8TH PLACE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
Samuel D. Holland

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

Samuel D. Holland

SAMUEL D. HOLLAND

3/28/95

(Signature based on printed name of registered agent and then I apply)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
President, V.P., Sec. & Treas.
Samuel D. Holland
3631 N.E. 8th Place
Ocala, FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information contained in 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:

Samuel D. Holland

SAMUEL D. HOLLAND

3/28/95

PRRS.

904-694-2144