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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000012762 (8)

Corporation Name
 CALA SOLIARE ANIMAL CLINIC P.A.

CORLA	GOOGHE ANIMAL CLINIC	, F.A.					
Principal Place of Business  3631 NE 8TH PL.  OCALA FL 34471 US		Mailing Address 3631 NE 8TH PL OCALA FL 34471 US		T THE STATE OF SOUTH BIRTH BEATH OF	191 <b>00</b> 511 <b>00101</b> 51 <b>010</b> 140	II IBBIB BIILD IIBI 1981	
					<ol> <li>Date Incorporated or Qualified 02/16/1994</li> </ol>	3a. Date of La 04/12	
2. Principal Place of Business		2a. Mailing Address	h		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite Apt #, etc.		59-3233973 Not Applicat  5 Cations of State Passed		Not Applicable	
22		27		5. Certificate of Status Desired	1 1 7 -	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>S</b>	5.00 May Be	
23		28		Trust Fund Contribution		dded to Fees	
Zip Country		Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  [17] Yes  No  No		
24	25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes Y Ye  10. Name and Address of New		<del></del>
			81	Name		riogioiotou xigo	
HOLLAN	D, SAMUEL D.		82	Stroot Add	ress (P.O. Box Number is Not Accepta	able)	
3631 N.E. 8TH PLACE			02	Street Abor	ess (i box Namoe is Not Accepta	10/e)	
OCALA I	FL 34471		83				
			84	City		FI 85	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida: Such change was authori stion 607.0505. Florida Statute	ized by the corp as.	oration's boo	ation submits this statement for the p rd of directors. I herefiy accept the ap	urpose of changing pointment as regis	I its registered office tored agent. I am
12.	Signature, typical or professionance of eightened age.  Opportugit A.A.	of and title 1 angestable (5) ND DIRECTORS	CTE: Registered Ages	d Sejhalt ne récjure	<del></del>	DATE	01000 h. 10
TITLE	PVST	DELETE			ADDITIONS/CHANGES TO OF	Cha	
NAME	HOLLAND, SAMUEL D	<u></u> -	1.2 NAME			ш	
STREET ADDRESS	3631 NE 8TH PLACE		1.3 STREET ADDRESS				
CiTY-S1-ZiP	OCALA FL		1.4 CHY ST-ZIP				
TITLE		DELETE	2 1 TITLE			□ Cna	inge 🔲 Addition
NAME			2 ? NAME				
STREET ADDRESS			2 3 STREE	ADDRESS			
CITY - ST - ZIP			2.4 CHY-ST-20P				
TITLE	DEFELE		3 1 TITLE			☐ Cha	inge 🔲 Addition
NAME CODE LABORERS			3 2 NAME				
STREET ADDRESS				LADDRESS			
CITY - ST - ZIP TITLE			3.4 City-5 4.1 Title	51 ZIP		Cna	inge Addition
NAME			4 2 NAME			_ Ork	inge 700 ion
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE			5 1 TITLE			Cha	inge
NAME			5.2 NAME			_	
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CHTY - S				
TITLE			6 1 TITLE		Change Addition		
NAME			6.2 NAME				i
STREET ADDRESS			63 STREET	ADDRESS			
CITY - ST - ZiP			6.4 CITY - 5	7 - ZIP			

14. I do hereby certify that the information supplied with this fling 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel D. Hollany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128194 352-694-2144