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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Mar 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000027643 (3)

HARMONY ANIMAL HOSPITAL, INC.

Principal Place of Business			Mailing Address				T INDITIES IN INTERIORS OF THE PROPERTY OF THE
1401 W. INDIANTOWN ROAD			1401 W. INDIANTOWN ROAD				
JUPITER FL 33458 US			Jupiter FL 33458 Us				DO NOT WRITE IN THIS SPACE
			00				3. Date Incorporated or Qualified
	· <u></u>						04/08/1994
2. Principal Place of Business			2a. Mailing Address				4, FEI Number Applied For
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				65-0484078   Not Applicable   \$8.75 Additional
22			27				5. Certificate of Status Desired Fee Regulred
City & State			City & State				6. Election Campaign Financing \$5.00 May 8e
23			28				Trust Fund Contribution Added to Fees
	Zip Country		<b>⊢</b> n `		Country		8. This corporation owes or has paid the current year Intangible
24	25] g. Name and Addres		29 egistered Agent	30	<u> </u>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
rn	==				81	Name	
COX, MINDY J 1401 W. INDIANTOWN RD					82	Stroot /	t Address (P.O. Box Number is Not Acceptable)
JUPITER FL 33458					[62]	300007	t Address (r.c., box Number is Not Acceptable)
					83		
					. 84	City	85 Zip Code
11 Pursuant	to the provisions of Section	ne 607 0502 an	nd 607 1508. Florida	Statutes	the shove	-named	d corporation submits this statement for the number of changing its registered
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	///////////////////////////////////////	of the obligation	15 01, 360,1011 007.00	oo, riona	a Siaiules	•	2/ <b>26</b> /98
SIGNATURE	Signature, lypiod or printed name	of registered agont and	o title if applicable	(NOTE: Re	egistered Age	nt signature	re required when reinstating) DA E
12.		FICERS AND DI			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D		☐ DELE		1.1 TITLE		Change Addition
NAME	COX, MINDY J	5824	Senegal !	PRIVE	1.2 NAME		
STREET ADDRESS	JUPITER FL 33476				1.3 STREET		
CITY-ST-ZIP TITLE	D			TE.	1.4 CITY-ST 2.1 TITLE	1-ZIP	Change Addition
NAME	COX, DAVID L	Most.	CARM	DR	2.2 NAME		
STREET ADDRESS	-9900 PATRICIA LN	- 7824	JK W KEEN	• • • •	2.3 STREET	ADDRESS	و من خ
CITY-ST-ZIP	JUPITER FL 39470	334.	SENEGAL S8		2. 4 CITY - S	T-ZIP	
TITLE			☐ DELE	TE	3.1 TITLE		Change Addition
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREET		
CITY-ST-ZIP	· · · · · ·		☐ DELE	TC.	3.4. CITY-S	T-ZIP	Change Addition
TITLE			L] VILLE	IE.	4.1 TITLE		
NAME OTREET ADORESES					4. 2 NAME	•DDBTCC	•
STREET ADORESS					4.3 STREET		
CITY-ST-ZIP TITLE	Пр		☐ DELE	TE TE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME					5.2 NAME		the state of the s
STREET ADDRESS					5.3 STREET	ADDRESS	
CHTY-ST-ZIP					5.4 CITY - ST		
TITLE			☐ D€LE	TE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	

6.4 CfTY-ST-ZIP

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 changing, or on an attactment with an artiferes.