## 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 # P9400032372

ANDREW R. MERCAK, D.V.M., P.A.

Principal Place of Business	Mailing Address
1997 S.R. 60 EAST VALRICO FL 33594	1997 S.R. 60 EAST VALRICO FL 33594

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90024 009 \*\*\*150.00



Principal Place of Business Mailing Address				1 (MANICADE LING LORIE ACUTE BOTEL ABUTE ADVIS DESER 1881	IV 11000 III		
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1997 S.R. 60 EAST VALRICO FL 33594		1997 S.R. 60 EAST Valrico fl 33594		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/26/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	177	Applied For
<u> </u>	lace of Business	26			59-3238599	-	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_		Additional
22				<u>* </u>	5. Certificate of Status Desired	Fee I	Required
City & Stat	te	City & State			6. Election Campaign Financing  Trust Fund Contribution		May Be d to Fees
Zip	Country		Countr	v	This corporation owes the current year Intan		
<b>⊢</b> '	25	29 30	<b></b> ·	,	_	⊒ Yes	□No
24	9. Name and Address of Curre		<u>,                                     </u>		10. Name and Address of New Registered Ag	gent	
	o, name and Address of Cure		81	Name			
MOE	RRISON, JOSEPH A		L				
	SOUTH FLORIDA AVE.		82	2 Street Add	lress (P.O. Box Number is Not Acceptable)		
SUIT			8:	3			
1	ELAND FL 33813		84			85 Zi	p Code
				1	FL poration submits this statement for the purpose of ch	] [ ]	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statute	s.	on's board of directors. I hereby accept the appointr		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Chang	e 🔲 Additio
NAME	MERCAK, ANDREW R		1.2 NAME				
STREET ADDRESS		•	1.3 STREI	ET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-	ST-ZIP			
TITLE	D 11/22 415 1 2 334 13	☐ DELETE	2.1 TITLE			Chang	e 🔲 Additio
NAME	1		2.2 NAME	: 1			
STREET ADDRESS				ET ADDRESS			
	<u></u>		2.4 CITY				
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STREET ADDRESS			3.4. CITY-				
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ŀ			4. 2 NAME			_ •	
NAME							
STREET ADDRESS				ET ADDRESS			
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NAME			•	ET ADDRESS			
STREET ADDRESS	1 .		1		·		
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πι∈		☐ DELETE					e Nagalijo
NAME		•	6.2 NAME	4			
STREET ADDRESS	3			ET ADORESS			
CITY OT 710	1		6.4 CITY-	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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**