## 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 # P9400057630

COMPANION ANIMAL HOSPITAL INC

Principal Pla	ace of Business	Mailing Address			{	Balik Boisi Boisi Sidik Isali	<b>ende</b> hun <b>oe</b> n 1 <b>.5</b> 1
8950 STATE I HUDSON FL	ROAD 52	8950 STATE ROAD 52 HUDSON FL 34667					
US		· US				RITE IN THIS SPACE	
-		· .			3. Date Incorporated or Qualife 08/01/1994	ď .	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	***		59-3268299		Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>75</b> Additional e Required
City & Sta	ite ~ .:	City & State		ئىنىد ≃ىرسسىن	6. Election Campaign Financing	<del>,                                    </del>	00 May Be
Zip	Country	28 Zip			Trust Fund Contribution		led to Fees .
24	25	Zip	Country	<i>'</i>	8. This corporation owes the cu		П.,
24	9. Name and Address of Cu	29 Agent	30		Personal Property Tax.	Nes Pasietaned A	□No
	Trains and real code of the	unent Kegistered Agent	81	Name	10. Name and Address of New	Registerea Agent	
TOF	rrence, alfred w Jr						
	15 RIDGE ROAD	時	82	Street Addres	ess (P.O. Box Number is Not Accep	table)	•
POF	RT RICHEY FL 34668		83		2 (1) 1 (1)	* Park (4 - ) A STA (2 54 (2 54 )   2 1 1 数 2 1 1 A 数 2 2 3 3 1 1 数 3 数 3	gyeta erze ganera era. GBI da Tota Bilgo (Mill)
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11 Pursuant	t to the provisions of Sections 607		<del></del>				
	am familiar with, and accept the ol	Dilgations of, Section 607.0505, Fi	lautnorized by t lorida Statutes.	the corporation	n's board of directors. I hereby acce	ept the appointment as	s registered
SIGNATURE	am familiar with, and accept the ol	bligations of, Section 607.0505, Fl	lorida Statutes.	the corporation	when reinstating) / (\$5.3)	OATE	s registered
SIGNATURE	am familiar with, and accept the ol  Signature, typed or printed name of registerer  OFFICERS	bligations of, Section 607.0505, Flord agent and title if applicable.  NOT  S AND DIRECTORS	TE: Registered Agent	the corporation	when reinstating) / {50.43  ADDITIONS/CHANGES TO O	OATE  OATE  FFICERS AND DIRECT	S registered  CTORS IN 12
SIGNATURE  12.	am familiar with, and accept the ol	bligations of, Section 607.0505, Fl	TE: Registered Agent 13.	the corporation	when reinstating) / (\$5.3)	OATE	S registered  CTORS IN 12
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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.

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90026 001 \*\*\*150.00