SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058695 (5)

ANIMAL MEDICAL CLINIC OF ORLANDO INC.

ORLANDO FL S	32806	ORLANDO FL 32806 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1994		
2. Principal Place of Business		2a. Malling Address			Applied For	
21		26		59-3258975	lot Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.			Additional Required	
City & State		City & State	_	6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to		
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year tr Personal Property Tax due June 30. Yes	ntangible No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent		
SUA	REZ, REINALDO M		81 Name	3		
1405 S. BUMBY AVENUE ORLNADO FL 32806			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City	 85 Zip	Code	
				FL " "		
SIGNATURE		ND DIRECTORS	13.	(ure required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	PV	DELETE	1.1 TITLE	Change	Addition	
NAME	SUAREZ, REINALDO M		1.2 NAME			
STREET ADDRESS	1405 S. BUMBY AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLNADO FL 32806		1.4 CITY-ST-ZIP		[]	
TITLE	STD	L_] DELETE	2.1 TITLE	Change	Addition	
NAME	SUAREZ, REINALDO M		2.2 NAME	·		
STREET ADDRESS	1405 S. BUMBY AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLNADO FL 32806		2.4 CITY-ST-ZIP 3.1 TITLE	—		
NAME		DELETE		L_ Change	Addition	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4,1 TITLE	Change	Addition	
NAME		L_j verete	4.2 NAME	Change		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME			5.2 NAME	Onlinge		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Charge	Addition	

6.2 NAME

6.3 STREET ADDRESS

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. **SIGNATURE**

50000262040!

***150.00

-08/20/98--01003--037

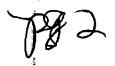
FILED

Aug 17 1998 8:00am

Secretary of State



Animal Medical Clinic



REY M. SUAREZ, D.V.M. 1404 S. BUMBY AVE. ORLANDO, FL 32806 TELEPHONE: (407) 898-6261

To whom it may concern,

We have just received a second notice informing us that our professional corporate annual report is late. The fee for filing late is now \$550.00, a \$400.00 penalty or roughly 350% more. We feel that this is an unfair penalty since we did not receive our first notice.

We contacted your office on August 7, 1998 after receipt of the second notice and spoke to Wesley Sellars, document specialist, who suggestedwe write a letter.

We ask that you please have consideration in this matter as this is the firt time we have had a problem and honestly we feel that this is our first notice.

Sincerely,

Rey M. Suarez, DVM