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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DOCUMENT #

P9400065273 (2)

LARGE ANIMAL ASSOCIATES, INC.

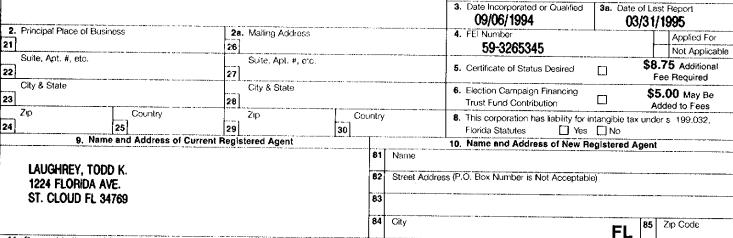
Principal Place of Business

1224 FLORIDA AVENUE

ST. CLOUD FL 34769

Mailing Address

1224 FLORIDA AVENUE ST. CLOUD FL 34769



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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

Styrature, typed or printed name of registered agent and title if applicable p 12. OFFICE RS AND DIFIE CTORS			NOTE: Registered Agent's gnature required 13.	
TITLE	P	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LAUGHREY, TODD K DVM			Change Addition
STREET ADDRESS	1224 FLORIDA AVENUE		1.2 NAM{	
	ST. CLOUD FL 34769		1.3 STREET ADDRESS	
CITY-ST-ZIP	31. CLOUD FL 34/09	TT DELETE	1.4 CHY-SI-ZIP	
		☐ DELETE	2. 1 TITLE	Charige Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		··· — ————————————————————————————————	2 4 CITY - ST - ZIP	
ITLE	DELETE		3. 1 TITLE	Change Addition
IAME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
TITLE		DELETE	4. 1 TOLE	☐ Change ☐ Addition
IAME			4.2 NAME	.
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ITY-ST-ZIP			4.4 CITY-ST-ZIP	
TLE		DELETE	5 1 Tifle	☐ Change ☐ Addition
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TREET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP				
TLE		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE	[] (h [] 1400
AME		Becci,		Change Addition
TREET ADDRESS			6 2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS	
	codife. About the discountry		64 CITY-ST-ZIP	

4. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

892-8202 Daytime Prione #