FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State L
DIVISION OF CORPORATIONS

1996

P95000049615 (4)

DOCUMENT # P95000496

ALTAMONTE VETERINARIAN HOSPITAL, P.A.

ALIAMUNIE VETERINARIAN HUSPITAL, F.A.											
Principa' Place of Business Ma'ling Address											
1089 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701			1089 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701								
							3. Date Incorporated or Qualified 06/23/1995	3a. Date	of Last Re	port	
2. Principal Plac	se of Business ONTE VETERWARY HOSPITAL	2a.	a. Mailing Address I B8 9 E ALTAMONTE DIL			n	4. FEI Number 59 - 3327268	,	h	pplied For lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional Required	
City & State 23 ACTAMONE SPRINGS FL			City & State			ye	Election Campaign Financing Trust Fund Contribution	[]	Added) May Be i to Fees	
Zrp 2020	Country	29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24 32/0	9. Name and Address of Current I		ered Agent	11			10. Name and Address of New I	Registered A	igent		
				E	31	Name				1	
HADDOCK PROFESSIONAL ASSOCIATION 3260 UNIVERSITY BOULEVARD #210 WINTER PARK FL 32792					32	Street Addre	Address (P.O. Box Number is Not Acceptable)				
					83						
					84 City FL 85 Zip Code						
1	o the provisions of Sections 607,0502 a of agent, or both, in the State of Florida h, and accept the obligations of, Section	ind 60 i. Such n 607.	7.1508, Florida Statute n change was authorize 0505, Florida Statutes.	s, the aboved by the co	e n	named corpora oration's boar	ation submits this statement for the puid of directors. I hereby accept the app	rpose of cha pointment as	nging its r registered	egistered office agent. I am	
SIGNATURE Signature, tylled or printed came of registered agent and the if explicacie. BESTE Registered A						l signature require:	d when reinstating)	DATE	DIDECTO	SDO IN 10	
				13.			ADDITIONS/CHANGES TO OF		7 Change	Addition 12	
TITLE	PRESIDENT - DIM KENNETH E ALRE SK 1089E ALTH MONTE ALTHMONTE JPRIM	OT!	DELETE	1.110				ı		7,00-0311	
NAME	KENNETH E TICKE OF		20	1.2 NAJ		. ASSESSED]	
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NAME				23 ST	REET	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP						ST-ZIP					
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CITY-ST-ZIP						S1 - ZIP			Change	Addition	
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NAME	1			5.2 N/	ırılt.						

64 CITY-ST-ZIP

14. 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 chapted, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6. 1 TITLE +

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

HEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/24/96

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Addition

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