

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049615 (4)

1. Corporation Name

ALTAMONTE VETERINARIAN HOSPITAL, P.A.



Principal Place of Business

1089 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

Mailing Address

1089 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 ALTA MONTE VETERINARY HOSPITAL

2a. Mailing Address

25 1089 E ALTAMONTE DR

4. FEI Number

59-3327268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 ALTAMONTE SPRINGS FL

City & State

27

Zip

24 32701

Country

25 SEMINOLE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HADDOCK PROFESSIONAL ASSOCIATION
3260 UNIVERSITY BOULEVARD #210
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT - Director
NAME KENNETH E ACRE SR, DVM
STREET ADDRESS 1089 E ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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100001837381

05/23/96-01080-021

***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)