## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000062229 (5)** 

SCOTT MILL ANIMAL HOSPITAL, INC.

FILED Jul 18 1997 8:00am Secretary of State



District Observe	- 1 D	BA-300 A ALADA - C			
Principal Place		Mailing Address			
JACKSONVILI	ER COVE ROAD LE FL 32223	4496 SOUTHSIDE BOULEVARD SUITE 100 JACKSONVILLE FL 32218-5473			
				3. Date Incorporated or Qualified 3a. Date of Last Report	
9 Principal P	lana of Rusiness	2a. Mailing Address		<b>07/22/1996</b>	
2. Principal Place of Business 21		26 3101 Plummer Cove Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ser Cour Musc	S8 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28 Jack Sonvi		Trust Fund Contribution Added to Fees	
Zip	Country	70 222	Country	8. This corporation has liability for htangible tax under s. 199.032.	
24	25	29 32223 3	usa	Florida Statutes	
DO.	9. Name and Address of Current	Hegistered Agent	B1 Name	10. Name and Address of New Registered Agent	
nobingon, many a					
1 INDEPENDENT DRIVE SUITE 2600			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202			B3		
0,0	ONOONNEE I'E OEEVE				
		,	84 City	FL 85 Zip Code	
agent La	ogistered agent, or both, in the state on familiar with, and accept the obligation of the state	tions of, Section 607.0505, Florie	da Statules.  *costored Agent signature require  13.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered red when reustating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 10TLE	Change Addition	
NAME	SUGGS, ALLEN D JR.		1.2 NAME		
STREET ADDRESS	8105 HUNTERS GROVE ROA	D	1.3 STREET ADDRESS		
CITY+ST-ZIP	JACKSONVILLE FL 32256		1.4 City-\$1-7IP	,	
TITLE	D.	[] DELETE	2.1 TITLE	Change Addition	
NAME	MASSE, KATHERINE J		2.2 NAML		
STREET ADDRESS	8908 CHAMBORE DR.		2.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	DELETE	2. 4 CITY - ST - ZiP	Change Addition	
TITLE		L VILLE	3.1 TITLE 3.2 NAME	Criange Augundi	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	$2N_{\rm col} = 30$	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TATLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
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		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		Ditte	5 4 CITY - ST - ZIP	Discourage Augusta	
TITLE		∐ DITE	6.1 TITLE.	Change Addilion	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(1Y - ST - Z(P		

4. I do 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 eath, 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.

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W.C.P. LOWARD LANGE

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21/1/01 (011) 78-81: