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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000076212

TLC ANIMAL HOSPITAL, INC.

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90001 013 \*\*\*150.00



Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes XiNo  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	2. Principal Place of E 21 Suite, Apt. #, etc. 22 City & State 23 Zip	Business	MIAMI FL 33161  2a. Mailing Address 26  Suite, Apt. #, etc 27  City & State 28  Zip	ddress .#, etc. ate  Cou	Country	3. Date Incorporated or Qualifed 09/12/1996 4. FEI Number 65-0691090 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intang	Applied Not App 88.75 Additic Fee Required \$5.00 May 1	licable onal
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FL	ARTON CONTRACTOR CONTRACTOR	,				FL	najna ito rogisi	torod
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 register of corporation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of corporation of Sections 1 hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	11. Pursuant to the p		esa e			comoration submits this statement for the burbose of cita	ent as register	ed
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		rovisions of Sections 607.050	502 and 607.1508, Florida	lorida Statutes, the al	e above-named corp ized by the corporation	ration's board of directors. I hereby accept the appointment		1
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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, with all other like empowered.

SIGNATURE: