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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101762 (8)

HUGH W. CALDERWOOD V.M.D., P.A.

Suite Apr. 8, cho 26 Suite Apr. 8, etc 27 Suite Apr. 8, etc 28 Suite Apr. 8, etc 2	Principal Piace	e of Business	Mailing Address			r negitabl ing Jarie Blitt gatti 8840 Kaldi	tibut Abias man saata	s asiba ildi taar
2. Making Address 2. Making Address 2. Making Address 3. FE Number 3. PL 3.				9				
Emergent Plant on of Hauseless 28. Mailing Address 4. FEL yumber Applied Applied Status Desired Fel Required South Apr. 4 etc. 5. Certificate of Status Desired Sea. For Annual Fund Control Sea. Certificate of Status Desired Sea. For Annual Fund Control Sea. Certificate of Status Desired Sea. For Annual Fund Control Sea. For Annual Fund C						1 71 . 1	3a. Date of Le	ast Report
Sale	. Principal Pl	lace of Business	2a, Mailing Address			4 FEI Number		Applied For
Cry & State]		26			59-3415328	<u>'</u>	Not Applica
26	<u> </u>		27			5. Certificate of Status Desired		75 Additional se Required
general and Address of Current Registered Agant CALDERWOOD, HUGH W 13700 HIGHWAY 441 ALACHUA FL 32815 85 86 CRY Pursuant to the previousions of Sections 607 0502 and 607 1506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agant with and accept the obligations of Sections 607 0502, and 607 1506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agants or both, in the State of Florida Such change was automaticated by the corporations board of directors. Thereby accept the exponential as registered agants with and accept the obligations of Section 607 0506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agants with and accept the obligations of Section 607 0506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agants with and accept the obligations of Section 607 0506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agants with and accept the obligations of Section 607 0506, Florida Statutes, the above named expensions board of directors. Thereby accept the exponential as registered agants with and accept the exponential as registered agants with an accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The above accept the exponential as registered agants are accept the exponential as registered agants. The a	ì	(1	ļ ₁			, , ,		.00 May Be ided to Fees
9, Name and Address of Current Registered Agent CALDERWOOD, HUGH W 13700 HIGHWAY 441 ALACHUA FL 32815 83 64 City FL 85 Zip Cod 65 City FL 86 Size Address (P.O. Box Number is Not Acceptable) 67 City FL 88 Size Address (P.O. Box Number is Not Acceptable) 68 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 60 Size Address (P.O. Box Number is Not Acceptable) 61 City 62 Size Address (P.O. Box Number is Not Acceptable) 63 Size Address (P.O. Box Number is Not Acceptable) 64 City 65 Size Address (P.O. Box Number is Not Acceptable) 65 Size Address (P.O. Box Number is Not Acceptable) 66 Size Address (P.O. Box Number is Not Acceptable) 67 Size Address (P.O. Box Number is Not Acceptable) 68 Size Address (P.O. Box Number is Not Acceptable) 68 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 60 Size Address (P.O. Box Number is Not Acceptable) 60 Size Address (P.O. Box Number is Not Acceptable) 61 Size Address (P.O. Box Number is Not Acceptable) 62 Size Address (P.O. Box Number is Not Acceptable) 63 Size Address (P.O. Box Number is Not Acceptable) 64 City 65 Size Address (P.O. Box Number is Not Acceptable) 65 Size Address (P.O. Box Number is Not Acceptable) 66 Size Address (P.O. Box Number is Not Acceptable) 67 Size Address (P.O. Box Number is Not Acceptable) 68 Size Address (P.O. Box Number is Not Acceptable) 68 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 69 Size Address (P.O. Box Number is Not Acceptable) 60 Size Address (P.O. Box Number is Not Acceptable) 60 Size Address (P.O. Box Number is Not Acceptable) 61 Size Address (P.O. Box Number is Not Acceptable) 62 Size Address (P.O. Box Number is Not Acceptable) 62 Size Address (P.O. Box Number is Not Acceptable) 63 Size Address (P.O. Box Number is Not Acceptable) 64 Ci	Zip	Country		-	untry			der s. 199.032,
CALDERWOOD, HUGH W 13700 HIGHWAY 441 ALACHUA FL 32815 45 City FL 85 Zip Cod 63 City FL 86 City FL 87 City FL 88 Zip Cod 64 City FL 88 Zip Cod 65 Zip Cod 66 Zip Cod 67 Zip Cod 68 Zip Cod 69 Zip Cod 60 Zip	<u> </u>			30	T			***************************************
13700 HIGHWAY 441 ALACHUA FL 32615 82 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cod 64 City FL 85 Zip Cod 65 City FL 85 Zip Cod 66 City FL 86 Zip Cod 67 Code or regulated agent, or both, in the State of Floreds South change was authorized by the corporation's board of directors. Thereby accept the appointment is a regulated agent from familiar to accept the obligations of Socion 607 0508, Florida Statutes. 68 City FL 85 Zip Cod 68 City FL 86 Zip Cod 68 City FL 87 Zip Cod 68 City FL 88 Zip Cod 68 City FL 87 Zip Cod 68 City FL 88 Zip Cod 68 Zip Cod	OALC		SUL Mediarara Whelir		B1 Name	10. Name and Address of New Ne	Bistolen vilair	
ALACHUA FL 32815 84 City FL 85 Zip Cod 85 City FL 85 Zip Cod 86 City FL 85 Zip Cod 87 City FL 85 Zip Cod 88 C								
B3					82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ale)	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its re 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 reg agent and term families and accept the obligations of. Section 607.0505, Florida Statutes. IGNATURE Signature, trained a provide remained ingreded agent of dispersable. OFFICERS AND DIRECTORS. 1. OFFICERS AND DIRECTORS. 1. STITLE OFFICERS AND DIRECTORS. 1. STITLE	ADAG	MUN FL 32013			83		The second secon	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutus, the above-named corporation submits this statement for the purpose of changing its re- 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 reg agent 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes. IROTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 2. OFFICERS AND DIRECTORS. INSTE Registered Agent signature required when remaining) DATE 1.1 TITLE 1.1 TITLE 1.2 MANE 1.2 MANE 1.3 STREET ADDRESS 1.4 CITY-ST-2P INTE 2.4 CITY-ST-2P INTE 3.3 SIREET ADDRESS 3.3 SIREET ADDRESS 3.4 CITY-ST-2P INTE 3.4 CITY-ST-2P INTE 4.4 CITY-ST-2P INTE 3.5 SIREET ADDRESS								
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its reinflicence registered agent in with land accept the obligations of Socion 607 0506, Florida Statutes. ICANATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PROPERTY AND ALICENSES ALICENSES AND ALICENSES ALICENSES AND ALICENSES ALICENSES ALICENSES AND ALICENSES ALI					84 City		FI 85	Zip Code
Signature Sign	1. Pursuant	to the provisions of Sections 607.0	1502 and 607, 1508, Florida Sta	atutes, the a	above-named c	orporation submits this statement for the		ing its register
STATE	office or r	egistered agent, or both, in the Sta	ate of Florida, Such change wa	as authorize	ed by the corpo	ration's board of directors. I hereby acce	ot the appointmen	nt as registere
NOTE Replace Capacide Companies of requirement and local fragmentation NOTE Regulatered Agent alignature required where reminishing) DATE		m tamaar with land accept the ob	ligations of Section 607.0505,	, Florida Sta	itutes.			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DI	GNATURE	Standard, typed or proded name of reastered	Annual to a if applicable (A	NOTE: Register	ed Agent Signature re	outred when reinstating)	DATE	
DELETE	Ž.					<u> </u>		CTORS IN 12
13700 HIGHWAY 441		D	DELETE	1.13	TILE		☐ Cha	ange Addi
13700 HIGHWAY 441	NAME .	CALDERWOOD, HUGH W		1.2 1	NAME			
1.4 CITY-ST-ZIP	REET ADDRESS			1.3.5	STREET ADDRESS			
DELETE DELETE 21 TITLE Change	TY - ST - ZIP			1.4 (DITY-ST-ZIP			
23 STREET ADDRESS 2 4 CITY - 5T - 2IP			DELETE	2.11	ITLE		☐ Cha	ange 🔲 Addi
2 4 CITY-ST-ZIP	SME			2.21	NAME			
DELETE DELETE 31 TITLE Change	REET ADDRESS			2.3 9	STREET ADDRESS			
32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY - 51 - ZIP	TY ST ZIF			2 4	CITY-ST-ZIP	.81		
33 STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST - ZIP 11 E	ft ē		DELETE	311	TITLE	1	☐ Cha	ange 🔲 Addi
17 17 17 17 17 17 17 17	ίΛ:			3.21	NAME		•	
DELETE	BEET ADDRESS			3.3 9	STREET ADDRESS			
A 2 NAME	TY-ST ZIP			3.4.	CITY-ST-ZIP			
## ## ## ## ## ## ## #	ltë		L DELETE	4.11	TITLE		☐ Cha	ange 🔲 Addi
11	AME.			4. 2	NAME			
DELETE	rreet addicess			4.3 9	STREET ADDRESS			
							——————————————————————————————————————	77
1			☐ DELETE				LJ Cha	ange []] Addi
TET DELETE 6.1TITLE Change CAMPE AND GREET ADDRESS G.3 STREET ADDRESS					·			
ANT 62 NAME G.3 STREET ADDRESS 6.3 STREET ADDRESS			DELETE				T Ch	ange 🔲 Addi
G.3. STREET ADDRESS					1		<u></u>	aunte (™) voon
14. Like basely sould, that the information graneled with this time does not qualify for the execution stated in Section 119 07/3/6). Florida Statutes, Lighther certify that the	IIIY-ST ZIP	by cod by that the information super	aliad with this filian done not or	ualify for the	a everantion eta	ted in Section 119 07/3/ii) Florida Statute	s 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	informatic	in indicated on this annual report of	or supplemental annual report	is true and	accurate and t	hat my signature shall have the same leg	al effect as if mac	de under oath;
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 Lam an officer or director of the corporation or the eccivier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nam appears in Block 12 or Block 3 if changed, or or any attachment with an address.	lam an o	officer or director of the corporation in Block 12 or Block 23 if changed	i or the receiver or trustee emp	powered to	execute this re	port as required by Chapter 607, Florida i	statutes; and that	i my name
And the second of the second o	appropria)	In a control of conjugation of the tigoto	1111	//	S			
SIGNATURE: HE (UID) CELLULUS VINIDO	SIGNAT	TURE - Ne //W.	1 milleunor	Vim	te l			