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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033962 (6)

GARDNER VETERINARY MEDICAL GROUP, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address												
3003 HIGHWAY 98, SOUTH 3003 HIGHWAY 98, SOUTH												
"	AKELAND F	L 33803	LAKELAND FL 33803				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified				
							1	04/08/1997			1	
2.	Principal P	Place of Business	2s. Mailing Address	2a. Mailing Address				4. FEI Number		IΔ	plied For	
21	.,		} "	26				NJA			ot Applicable	
1	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>						\$8.75		
22			27	27				5. Certificate of Status Desired		Fee Re		
	City & Stat	e	City & State	\$ State				6. Election Campaign Financing		\$5.00	May Ba	
23			28					Trust Fund Contribution		Added		
	Zip				Country 8. Th			8. This corporation owes or has pa	aid the cur	rent year Int	angible	
24		25	29	30				Personal Property Tax due June] No	
		9. Name and Address of Curre	nt Registered Agent					0. Name and Address of New Re	glatered	Agent		
		TMAN, STEPHEN H			81	Name	Э					
		8 SOUTH FLORIDA AVENUE			62	Street	eet Address (P.O. Box Number is Not A		ble)			
SUITE 102, COLONIAL BUILDING LAKELAND FL 33803			•									
					83						1	
					84	City			FL	85 Zip (Code	
11	Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	les the al	20/6	-namer	d cornoral	tion submits this statement for the		changing it	s registered	
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 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.											registered	
SIGNATURE												
Signature typed or priviled name of registered agent and title if applicable (NOTE: Reg 12. OFFICERS AND DIRECTORS						nt eignatur	re required wi	ren reinstating)	DATE CEDE AND	DIDECTOR	0.0140	
TITL		D OF FICE NA AN	DELETE	13.			T	ADDITIONS/CHANGES TO OFFIC	ZENO ANL	Change	Addition	
NAS	OLDDUCO OFOCCOEN D					NAME				Change		
	EET ADDRESS	39 SHADOW LANE			.3 STREET ADDRESS						l:	
	r-ST-ZIP	LAKELAND FL 33813			1.4 CITY - ST- ZIP		` 					
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NAM			-		2.2 NAME		1					
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NAM	Æ			6.2 NA	ME						-	
STA	EET ADORESS			6.3 ST	REET	address						
CITY	-ST-ZIP			6.4 CF	[Y-S]	-7IP						

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.

Colley & Calic

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