

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90010 032 \*\*\*150.00

DOCUMENT # P97000068023

1. Corporation Name

HYDE GROVE ANIMAL HOSPITAL, INC.

Principal Place of Business

6420 SAN JUAN AVE.  
JACKSONVILLE FL 32210

Mailing Address

6420 SAN JUAN AVE.  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

59-3466577

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ROBISON, MARY A  
1 INDEPENDENT DRIVE, SUITE 2600  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Miller, Cynthia A DVM

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

6420 San Juan Ave

83

84 City Jacksonville FL 85 Zip Code 32210

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

Cynthia Ann Miller, DVM Cynthia A Miller, DVM 4/19/99

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 ☐ DELETE  
NAME D/P  
STREET ADDRESS MILLER, CYNTHIA A  
CITY-ST-ZIP 4559 PARK STREET  
JACKSONVILLE FL 32205

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS MILLER, MICHAEL J  
CITY-ST-ZIP 4559 PARK STREET  
JACKSONVILLE FL 32205

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Cynthia Ann Miller, DVM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (904) 781-8038

Date Daytime Phone #

CR2E034 (11/98)

0036126