PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013403 1. Corporation Name

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

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LUV MY PET MOBILE VETERINARY SERVICES, P.A.						\$02/04	- 40000	†1	,
FOA MI	L. MOOILL TETERITATIO	<u> </u>							
Principal Plac	e of Business	Mailing Address			.,	(IBENES: ICE (BILL) BILL GOING GOING			
905 PARSON B	BROWN WAY	905 PARSON BROWN	NAY			ĺ			
LONGWOOD FL	L 32750	LONGWOOD FL 32750				DO NOT WRITE	E IN THIS .	SPACE	
						3. Date Incorporated or Qualifed	C 114 11110		
i						02/10/1998			
2 Principal P	Tace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	26	Turning / Tool oos			33-079	1387	, I 	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27	27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City or Stat	e	City & State				6 Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zlp	Country	Zlp	_	untry		8. This corporation owes the curre	nt year inta		
24	25	29	30	т—		Personal Property Tax.		Yes	<u>□№</u>
	9. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of New Re	gistered A	(gent	
VALE	JIN, FRANCES R DVM			*'	Manne				
	PARSON BROWN WAY			82	Street Addres	ss (P.O. Box Number is Not Acceptab	He)		
	GWOOD FL 32750			83					
2011	31100112 02700			83					
				84	City		FL	85 Zip (Code
									recistered
Ad Discount	to the provisions of Sections 807 050	2 and 607 1508 Florida Str	tutes the e	bover	named cornor	ration submits this statement for the o	umose of c	hanging its	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Str of Florida, Such change wa	tutes, the a	bove r	named corporation	ration submits this statement for the p r's board of directors. I hereby accept	urpose of c the appoin	hanging its tment as re	gistered
11. Pursuant office or r agent, I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Str of Florida, Such change wa tions of, Section 607.0505,	atutes, the a s authorized Florida Stat	bove-r d by th tutes.	named corporation	ration submits this statement for the p t's board of directors. I hereby accept	urpose of o the appoin	hanging its Iment as re	gistered
11. Pursuant office or r agent, I a SIGNATURE							urpose of o	changing its tment as re	gistered
l	Signature, hyped or printed name of registered ager				named corporation of		DATE		
SIGNATURE	Signature, hyped or printed name of registered ager	nt and title if applicable. (N	OTE: Registered	Agent s		where reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	m and title if applicable. (A ID DIRECTORS	OTE: Registered	Agent s		where reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	m and title if applicable. (A ID DIRECTORS	OTE: Registered 13. 1.1 π 1.2 N	Agent s	ugneture required v	where reinstating)	DATE	DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D VAUJIN, FRANCES R DVM 905 PARSON BROWN WAY	m and title if applicable. (A ID DIRECTORS	OTE: Registered 13. 1.1 TI 12 No 13 ST	Agent of	pgnature required v	where reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-5T-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D VAUJIN, FRANCES R DVM 905 PARSON BROWN WAY	m and title if applicable. (A ID DIRECTORS DELETE	13. 1.1 71 1.2 No 1.3 ST 1.4 CD	TILE AME TREET AL TTY-ST-Z	pgnature required v	where reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-87-2P TITLE	Signature, typed or printed name of registered ager OFFICERS AN D VAUJIN, FRANCES R DVM 905 PARSON BROWN WAY	m and title if applicable. (A ID DIRECTORS DELETE	13. 1.1 TI 1.2 NI 1.3 ST 1.4 GI 2.1 TI 2.2 NI	TILE AME TREET AL TTY-ST-Z	DORESS	where reinstating)	DATE	DIRECTO	RS IN 12
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Interplay certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this armual 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 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 address, with all other like empowered.

SIGNATURE: _

YED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/55

714-418-01442550