PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000106593

1. Corporation Name

CHRISTOPHER P. BEALE D.V.M., P.A.

Principal Place of Business

Mailing Address

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

05-06-1999 90129 028 \*\*\*150.00



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418 E. NEW HAVEN AVE. 418 E. NEW HAVEN AVE. MELBOURNE FL 32901 MELBOURNE FL 32901				DO NOT WESTER	LTHE CDACE		
					DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualifed 12/21/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	X	Applied For
21		26 2509 Long	wood	Blud			Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	12350 La		5. Certifcate of Status Desired	~ \$8:7	5 Additional -
22		27			5. Certificate of Status Desired	Fee	Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28 Melbourne	F	L	Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	ear Intangible	
24	25	29 32934	30	SA	Personal Property Tax.	☐ Yes	No
<u>• • •                                 </u>	9. Name and Address of Curre				10. Name and Address of New Regi	stered Agent	
			81	Name			
JACOBY, DAVID H ESQ. 1581 ROBERT J. CONLAN BLVD., N.E.			82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
SUITE 100			83	<del></del>			
	M BAY FL 32905		00				
17121	W 5/11 1 E 02000		84	City		FL 85 Z	ip Code
Ad Durana	to the provisions of Sections 607.05	602 and 607 1508. Florida Statute	s the abov	e-named com	poration submits this statement for the purp	ose of changing	its registered
office or	registered agent or both in the State	e of Florida. Such change was au	ithorized by	the corporati	on's board of directors. I hereby accept the	e appointment as	registered
agent. 1 a	am familiar with, and accept the oblig	pations of, Section 607.0505, Flori	ida Statutes	ì.			
SIGNATURE	<u></u>		D	-4 -1	-d whose repositations	DATE	
	Signature, typed or printed name of registered ag	<u>'</u>	13.	nt signature require	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	D OFFICERS A	ND DIRECTORS  ☐ DELETE	1.1 TITLE		ADDITIONO/OTIVITOES TO OTT TO	☐ Chang	
TITLE	) <del>-</del>		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 informatio 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:

Christiple 1 P.B. P. P. D. D. D. Christopher P. Beale, DVM /23/99 (467) 757-0975

CR2F034 (11/98)