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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S02845

(3)

MARY FRANCES H. CARTER, D.V.M., P.A.

FILED Mar 12 1997 8:00am Secretary of State



	e of Business				1			
3514 Mahan Drive Tallahassee FL 32308		3514 MAHAN DRIVE TALLAHASSEE FL 3230	3514 MAHAN DRIVE Tallahassee FL 32308-5624					
					3. Date Incorporated or Qualified 10/01/1990	1	e of Last 18/1996	,
2. Principa F	Place of Business	2a. Mailing Address			4. FEI Number	<u></u>		Applied For
21		26			59-3032405			Not Applicabl
Strite Apt.	# edu:	Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	Cily & State					May Be
23 Zip 24	Country 25	Zip 29	Country 30	y	8. This corporation has liability for	intangible (ax under	
<u></u>	9. Name and Address of (1301		10. Name and Address of New Re			
CA	RTER, MARY FRANCES H.		81	Name				
3514 MAHAN DRIVE TALLAHASSEE FL 32308			82	82 Street Address (P.O. Box Number is Not Acceptable)				
IN	LENINGGEE I E GEGGG		83	·				
			84	City		FI	85 Zip	Code
agent La	m familiar with, and accept the	e obligations of, Section 607.0505,	Florida Statute	ss.	ation's board of directors. I hereby acce	pr me appr	SILITATION C	is registered
SIGNATURE								
	Stgriff in type the period name of regist		OTE Flogistered Ag	gent signature requ	uired when reinstating)	DATE CERS AND	DIRECTO	NOC IN 12
12.	OFFICE	RS AND DIRECTORS	OTE Flogistered Ag	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND		
12.	OF LICE.	RS AND DIRECTORS DELETE	OTE Flogistered Ag 13. 1.1 TITLE			CERS AND	DIRECTO	
12. TIME NAME	OFFICE D Carter, Mary Franci	RS AND DIRECTORS DELETE	OTE Flogistered Ag 13. 1.1 TITLE 1.2 NAME			CERS AND		
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This hardby cartally that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, Further cutiffying the report of the complemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that Lair ar officer or director of the corporation or the receiver or trusted emphwered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Black 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE

SIGNATURE AND TYMED OR PRINTED NAM

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97-904-8784799

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