

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26513

(9)

1. Corporation Name

MYAKA RIVER ANIMAL CLINIC, INC.

Principal Place of Business

3176 E VENICE AVE
VENICE FL 34292

Mailing Address

3176 E VENICE AVE
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1991

3a. Date of Last Report

05/17/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

4. FEI Number

65-0240029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REEGLER, SARI LYNN
1521 S TAMiami TRAIL SUITE 304
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

GREGORY, NANCY

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

311 VENICE AVE W.

83

84 City

VENICE

FL

85 Zip Code

34205

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

[Signature]

[Signature]

5/14/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP
NAME	TREAT, LOIS
STREET ADDRESS	3176 E VENICE AVE
CITY ST ZIP	VENICE FL
TITLE	DST
NAME	GUCKER, LINDA
STREET ADDRESS	1845 WHISPERING PINE CIR
CITY ST ZIP	ENGLEWOOD FL
TITLE	DP
NAME	SPAKOWSKI, DAWN
STREET ADDRESS	3176 E VENICE AVE
CITY ST ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	NO LONGER OFFICER
1.4 CITY ST ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	NO LONGER OFFICER
2.4 CITY ST ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	PUS, J. PUS, TREAT, SARI
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

Dawn Spakowski

4/16/95

6133 400-1415

Telephone Number