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**

DOCUMENT # S31011

CENTRAL ANIMAL HOSPITAL EAST, INC.

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ST PETERSBURG FL 33703 2. Principal Place of Business 2. Mailling Address 4. FEI Number 59-3053023 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 3. Election Compaign Financing Fee Required Fee
3. Date Incorporated or Qualified O2/08/1991 2. Principal Place of Business
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable S9-3053023 Not Applicable S9-3053023 Not Applicable S9-3053023 Not Applicable S9-3053023 S8-75 Additional Fee Required Fee R
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Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILKINSON, G BARRY 696 FIRST AVE N SUITE 201 ST PETERSBURG FL 33701 48 City FL 85 Zip Code 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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE D D DELETE 1.1 TILE 1.2 NAME SMITH, JAMES W JR 1.2 NAME 1.2 NAME 1.4 CITY. ST-ZIP 1.4 CITY. ST-ZIP TILE D Change Addition NAME SMITH, BARBARA M 2.2 NAME
Personal Property Tax.
9. Name and Address of Current Registered Agent WILKINSON, G BARRY 696 FIRST AVE N SUITE 201 ST PETERSBURG FL 33701 81
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CITY-ST-ZIP

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: Va

NAME

BARBARA M.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90007 039 ***150.00