


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S49266 (7)					
1. Corporation Name AALATASH ANIMAL HOSPITAL WEST, P.A.					
Principal Place of Business 3613 NW 39 AVE GAINESVILLE FL 32606-5098 US			Mailing Address 3613 NW 39 AVE GAINESVILLE FL 32606-5098 US		
2. Principal Place of Business 21 3909 NW 97th Blvd. Sulte, Apt. #, etc. 22 City & State 23 GAINESVILLE FL Zip Country 24 32606 25 ALACHUA		2a. Mailing Address 26 3909 NW 97 Blvd. Sulte, Apt. #, etc. 27 City & State 28 GAINESVILLE FL Zip Country 29 32606 30 ALACHUA		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1991 4. FEI Number 59-3055006 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1/2 paid	
9. Name and Address of Current Registered Agent HATFIELD, ANDERSON E. 4114 N.W. 13TH STREET GAINESVILLE FL 32609			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. D TASH, JANINE C. 9805 N 181ST ST ALACHUA FL 2. Please change to our new address. Thank you 3. AALATASH ANIMAL HOSPITAL WEST 3909 NW 97th BLVD. GAINESVILLE, FL 32606 352-332-2292			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Add Zip Code = 32615		

SIGNATURE:

7-3-98 352-332-2292

CR2E034 (5/98)