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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S49266

(7)

AALATASH ANIMAL HOSPITAL WEST, P.A.

FILED Aug 13 1998 8:00am Secretary of State

Principal Place of Business Stig HW 99 AVE GAINESVILLE FL 32606-5098 US	Mailing Address9513 NW -39 AVE GAINESVILLE FL 32606-509	8	DO NOT WRITE IN TO 3. Date Incorporated or Qualified 04/29/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3909 NW 97 H Blud.	26 3 409 NW	97 BLUD.	59-3055006	Not Applicable Ag
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		T. Common of Class Book of	Fee Required
City & State	City & State	(6. Election Campaign Financing	\$5.00 May Be
23 GAINESUILE FL Country	28 GAINES VI	Country	Trust Fund Contribution	Added to Fees
24 32606 25 ALACHUA 9. Name and Address of Current F	29 32606	30 ALACHU	8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Register	Ves No 2 paid
HATFIELD, ANDERSON E.	· · · · · · · · · · · · · · · · · · ·	81 Name		
4114 N.W. 13TH STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · ·
GAINESVILLE FL 32609		Sileet Addit	ess (1.0. Box (vulliber is 140) Acceptable)	
·		83		
		84 City		. 85 Zip Code
			F	L 100 Zip 0000
Pursuant to the provisions of sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent at	Florida. Such change was au ons of, section 607.0505, Flor	uthorized by the corporation in the corporation of	on's board of directors. I hereby accept the ap	pointment as registered
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE D TASH, JANINE C.	☐ DELETE	1.1 TITLE		Change / La Addition
000000000000000000000000000000000000000		1.2 NAME	4440 6 4	200
STREET ADDRESS 9805 N 16151 ST CITY-ST-ZIP ALACHUA FL		1.3 STREET ADDRESS	Add Zip Code = 3i	2 <i>615</i> §
TITLE	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	1	2.2 NAME		Change Audition
STREET ADDRES O		2.3 STREET ADDRESS		
CITY-ST-ZIP Leave War	ige	2.4 CITY-ST-ZIP		
TITLE of our musion		3.1 TITLE		Change Addition
NAME	1	3.2 NAME		
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES ACIDICA CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	!	4.1 TITLE		Change Addition
NAME	Ċ	4.2 NAME		
STREET ADDRES		4.3 STREET ADDRESS		
CITY-ST-ZIP AALATASH ANIMAL HOSPITAL WEST 3909 NW 97th BLVD.		4.4 CITY-ST-ZIP 5.1 TITLE		
NAME GAINESVILLE, FL 32606		5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRES 352-332-229	25000	5.3 STREET ADDRESS		•
	-	5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	<u></u>	6.1 TITLE		Change Addition
NAME		6.2 NAME		C Change C Moditoff
STREET ADDRES		6.3 STREET ADDRESS	•	
CITY-ST-ZIP	i	6.4 CITY-ST-ZIP		
14. I hereby certify that the Information supplied with the	is filing does not qualify for the		tion 119.07(3)(i), Florida Statutes. I further cert	fy that the information

4. 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.

01011471186

Lawine Potraker

7-2-95

252-232-2292