FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1998

S51055

(9)

STACIE M. WADSWORTH, D.V.M., P.A.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		<u>-</u> ;		
•		Ü	v.			
10807 N DALE MÅBRY HWY TAMPA FL 33618		10907 N DALE MABRY HWY TAMPA FL 33618				
US		US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualific	ed	
A Disabat Di	and of Divisions	2a. Mailing Address		05/06/1991 4. FEI Number	Applied For	
	ace of Business	— ·	_		Not Applicable	
21 13305 Suite, Apt.	Orange Grove Dr	. 26 13305 Orang Suite, Apt #, etc.	e Grove Dr.	. 59-3064931	CO 75 Additional	
22	, 9 (0.	27		5. Certificate of Status Desired	Fee Regulred	
City & State)	City & State		6. Election Campaign Financing	g \$5.00 May Be	
─ ─	Tampa, Florida	28 Tampa, Flo	rida	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		s paid the current year Intangible	
24 33618	25 H1 1 1 shoro	33618	MH111sborou	ph Personal Property Tax due J	une 30. 🗶 Yes 🔲 No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
	DSWORTH, STACIE M.	lsworth.Stacie M	r_			
			82 Street Addre	Address (P.O. Box Number is Not Acceptable)		
LUTZ FL 33549				05 Orange Grove	Dr	
			83			
			84 City		FL 85 Zip Code 33618	
		1007 (100 5). 1. 0	Tar	npa, Florida		
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 trig stered agen OFFICERS AND		Registored Agent signature require 13.		DATE FFICERS AND DIRECTORS IN 12	
12. TITLE	PTSM	DELETE	1.1 TITLE	ADDITIONAL OF A CO.	Change Addition	
NAME	WADSWORTH, STACIE M	_	1.2 NAME		·	
STREET ADDRESS	2001 VANDERVORT RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP			
TITLE	VP	DELETE	21 TITLE		Change Addition	
NAME	RAY, JAMES M		2 2 NAME			
· STREET ADDRESS	2001 VANDERVORT RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL		2 4 CITY-ST-ZIP			
TITLE	7.5	☐ DELETE	31 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		net exc	3 4. CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	41 THILE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			5.2 NAME			
			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	Change Addition	
NAME		<u> </u>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	and in that the information everylind will	h this files does not qualify for		Section 119 07/3Vi) Florida Statute	s I further certify that the information	

regrey certify may the minimation supplied with this nimit does not qualify for the exemption stated in Section 119.07(3)(), 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 oak; 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 changes of on an attachment with an address.

8/2 9/2 6/6/1