FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$59033

CHEMSTRAND OAKS VETERINARY HOSPITAL, P.A.

Principal Place of Business		Mailing /	Mailing Address				D 10111 00100 111	•• • .• •	.,		
10229 CHEMSTRAND RD		10229 CH	10229 CHEMSTRAND ROAD PENSACOLA FL 32534								
PENSACOLA FL 32534		_				DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated		E IN THIS	J-AGE		
						06/01/1991	or Qualifed				
2. Principal P	lace of Business	2a. Maili	ng Address			4. FEI Number		···	A	oplied For	
21		26	-			59-3067482			No	ot Applicable	
Suite, Apt.	#, etc.		, Apt. #, etc.		.,	5. Certifcate of Statu	n Desired		\$8.75	Additional	
22		27				5. Certificate of State	S Desired	ابيا 	Fee R	equired	
City & Stat	6	City	& State			6. Election Campaig	n Financing		\$5.00	May Be	
23		28				Trust Fund Contri	oution	γU -	Added	to Fees	
Zip	Country	Zip		Count	ry .	8. This corporation of		ent year Inta	ngible V Yes	□No	
24	25	29	30	0		Personal Property		lantatara d			
	9. Name and Address of Curren	it Registered	Agent		1 Name	10. Name and Addre	SS OI NEW H	redistata t	Acur		
STEV	WART, JEANNE			Ľ							
	9 CHEMSTRAND ROAD			18	2 Street Add	dress (P.O. Box Number is	Not Accepta	ıble)			
	SACOLA FL 32534			1	3						
				`							
			•	8	4 City	 -		FL	85 Zip	Code	
44 Dumunt	to the provisions of Sections 607.050	2 and 607 150	08 Elorida Statutas	the abo	we-named cor	noration submits this state	ment for the	purpose of	thanging its	s registered	
office or r	registered agent, or both, in the State	of Florida. Su	ch change was auth	horized i	ly the corporat	tion's board of directors. I	hereby accep	the appoin	tment as re	egistered {	
agent. I a	m familiar with, and accept the obliga	tions of, Secti	ion 607.0505, Florida	la Statut	es.			· .		. : 1	
SIGNATURE	Sheet as head as printed name of maintened pro-	nt and title if applica	able (NOTE Re	enistered A	ent signature requir	red when reinstating)		DATE	• • •		_
	Signature, typed or printed name of registered ages			egistered A	gent signature requir	red when reinstating) ADDITIONS/CHAN	GES TO OF	DATE		DRS IN 12	ó
12.	OFFICERS AN						GES TO OF	DATE		ORS IN 12	100,44
12.	PST OFFICERS AN		रड	13.			GES TO OF	DATE	DIRECTO		(00) 777 70
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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.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90077 018 ***150.00