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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

WINDAR UTLO
1996

(2)

DOCUMENT # 1. Corporation Name MITCHELL HAMMOCK VETERINARY CLINIC, INC.



45 Al ACA	ce of Business	Mailing Address			I IBROIDER IND BERN BURN BILLIA ID	ers wans mande mydd, milliga i	81811 81811 81811 I
45 ALAFAYA WOODS BLVD OVIEDO FL 32765		45 ALAFAYA WOODS BLVD OVIEDO FL 32765					
2. Principal F	Place of Rusinese			·	3. Date Incorporated or Qualified 06/14/1991	3a. Date of Last I 06/15/	Report 1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3127681		Applied For	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	Not Applicat 5 Additional
City & Stat	te	City & State				Fee	Required
3 7.0		28			Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip 4	Country 25	Zip	Country		8. This corporation has liability for in	ntangible tax under s	199.032,
	9. Name and Address of Currer	29 11 Registered Agent	[30]		Florida Statutes 🔲 Yes	□ No	
			81	Name	10. Name and Address of New Re	gistered Agent	
DUDL	EY, WOODROW						
45 AL	AFAYA WOODS BLVD	82 Street Ac		Street Add	ddress (P.O. Box Number is Not Acceptable)		
OWED	OO FL 32765		83				
			84	City			 _
11. Pursuant	to the provisions of Sections 607 0500	Lovel 807 1500 To 11 5	<u></u>				p Code
or register	red agent, or both, in the State of Florid	and 607, 1508, Florida Statu da Such change was authori	ites, the above rized by the com-	iamed corpoi	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its i	registered offi
(ex i Hiller) Will	ith, and accept the obligations of, Secti	ion 607.0505. Florida Statule	rs.		and or or estors. Thereby accept the appoi	ntment as registered	agent. I am
SIGNATURE .	Signature, typied or printed name of requirement eyes if	Sea 19 to introduction .	55.5 · · · · · ·				
2.	OFFICERS AND	DIDECTORS	OTE: Bugedered Age	Signature teapire	d when renst ring)	DATE	
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oath; that I am an officer or director of the corporation or the receiver or lustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an alternment with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phicips

SIGNATURE: