

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

6/20.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 21, 2000 8:00 am
Secretary of State

06-20-2000 90011 040 ***150.00
08-21-2000 90204 044 ***400.00

DOCUMENT # **S64594**

1. Corporation Name
MITCHELL HAMMOCK VETERINARY CLINIC, INC.

Principal Place of Business
**45 ALAFAYA WOODS BLVD
OVIEDO FL 32765**

Mailing Address
**45 ALAFAYA WOODS BLVD
OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1991

4. FEI Number

59-3127681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

31

Suite, Apt. #, etc.

32

Suite, Apt. #, etc.

33

Suite, Apt. #, etc.

34

Suite, Apt. #, etc.

35

Suite, Apt. #, etc.

36

Suite, Apt. #, etc.

37

Suite, Apt. #, etc.

38

Suite, Apt. #, etc.

39

Suite, Apt. #, etc.

40

Suite, Apt. #, etc.

41

Suite, Apt. #, etc.

42

Suite, Apt. #, etc.

43

Suite, Apt. #, etc.

44

Suite, Apt. #, etc.

45

Suite, Apt. #, etc.

46

Suite, Apt. #, etc.

47

Suite, Apt. #, etc.

48

Suite, Apt. #, etc.

49

Suite, Apt. #, etc.

50

Suite, Apt. #, etc.

51

Suite, Apt. #, etc.

52

Suite, Apt. #, etc.

53

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

**DUDLEY, WOODROW
45 ALAFAYA WOODS BLVD
OVIEDO FL 32765**

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 **D** ☐ DELETE

NAME **DUDLEY, WOODROW**
STREET ADDRESS **45 ALAFAYA WOODS BLVD**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

(407) 346-2323

CR2E034 (11/98)

Attachment # 564594 B0104452
2000 UNIFORM BUSINESS REPORT (UBR)

081700

0116288

DOCUMENT # S64594

1. Entity Name
MITCHELL HAMMOCK VETERINARY CLINIC, INC.

Principal Place of Business Mailing Address
45 ALAFAYA WOODS BLVD 45 ALAFAYA WOODS BLVD
OVIEDO FL 32765 OVIEDO FL 32765

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

(850) 487-6059
Option 2


DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3127681** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUDLEY, WOODROW
45 ALAFAYA WOODS BLVD
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	D ☐ Delete	
NAME	DUDLEY, WOODROW	
STREET ADDRESS	45 ALAFAYA WOODS BLVD	
CITY-ST-ZIP	OVIEDO FL	
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SECRETARY REQUIRED** **8-10-00** **407-78-7323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)