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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # \$87907

(9)

ANIMAL MEDICAL CLINIC AT SAWGRASS VILLAGE, INC.

## FILED Apr 11 1997 8:00am Secretary of State



nncipa: Plac	e of Business	Mailing Address	Mailing Address			-	INDIA BIBIT BIBIT I	ANDIO MININI	Dioli sõti
00 Sawgrass Village Circle Onte Vedra Beach Fl 32082			8000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082-3085						
						3. Date incorporated or Qualified 10/17/1991	3a. Date o		leport
Principal F	Paice of Rusiness	2a. Mailing Addre	)\$S			4. FEI Number	-1 <u></u>	Ar	oplied For
		26				59-3054304	***************************************		ot Applicab
<del>Cart</del> e, Apt		Suite, Apt. #. 6	etc.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	May Be to Fees
$Z\Phi$	Country	Ζιρ	С	ountry		8. This corporation has liability for in			. 199.032,
. ,	25	29	30		<u> </u>		Yes 🗀 t		
	9. Name and Address of Cu	irrent Registered Agent		104	<b>M</b>	10. Name and Address of New Reg	listered Age	int	
	JMAN, GARY L.			81	Name				
8000 SAWGRASS VILLAGE CIR				82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
PON	ITE VEDRA FL 32082			83			·- ····		
				53					
				84	City		<b>F</b>	B5 Zip	Code
						poration submits this statement for the pition's board of directors. I hereby accep	FL		<u></u>
inature 	Statutus, type i er percentage e strog ster OFFICERS	ed agent and tille if applicable. S AND DIRECTORS		ered Age	nt signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DI	IRECTOF	3S IN 12
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.1 on hereby centry that the information supplied with this filing does not quality for me 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 Brock 12 or Block 13 if changes or on an attachment with an orderes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

273-9560

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