

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 MAY -1 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S93300

1. Corporation Name

Animal Medical Care, Inc.

Principal Place of Business

4496 Southside Blvd.  
Suite 100  
Jacksonville, FL 32216  
US

Mailing Address

4496 Southside Blvd.  
Suite 100  
Jacksonville, FL 32216  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
4496 Southside Blvd.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, Florida

Zip  
32216

Country  
US

3. New Mailing Office Address, If Applicable  
4496 Southside Blvd.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, Florida

Zip  
32216

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/91

5. FEI Number

59-3092682

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	Robert A. Culpepper	4496 Southside Blvd., Suite 200	Jacksonville, Florida 32216
VP	Allen D. Suggs, Jr.	8640 Phillip's Hwy., Suite 20	Jacksonville, Florida 32256

**REINSTATEMENT** *gag*

8. Name and Address of Current Registered Agent

Allen D. Suggs  
4496 Southside Blvd.  
Suite 100  
Jacksonville, FL 32216

9. Name and Address of New Registered Agent

Name

Allen D. Suggs, Jr.

Street Address (P.O. Box Number is Not Acceptable)

8640 Phillips Hwy., Suite 20

Suite, Apt. #, Etc.

Suite 20

City

Jacksonville

State

FL

Zip Code

32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Allen D. Suggs, Jr.*

REGISTERED AGENT MUST SIGN

Date

4/27/00

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen D. Suggs, Jr.

Allen D. Suggs, Jr.

Date

4/27/00

Daytime Phone #

(904) 367-0797

CR2E081 (12/98)