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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 02 1997 8:00am

Secretary of State

941 917 2700

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04660

(9)

ASHTON ANIMAL CLINIC, P.A.								
Principal Place of Busin 5660 ASHTON ROAD SARASOTA FL 34233	Mailing Address 6902 MANDARIN ROAD SARASOTA FL 34238-51	708		) 18214 SHELL SELLE SHE SHE SHE	8811 <b>41</b> 81) <b>418</b> 17 <b>8</b> 1	imii mimii mikii	0) N + 1 ( 0 0 )	
US					3. Date Incorporated or Qualifit 01/07/1992		te of Last F 26/1996	Report
2. Principal Place of Bu	sness	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	<del></del>	4. FEI Number	·	——————————————————————————————————————	oplied For
21		26			65-0397807	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt. #, etc. 2		<b>-</b>	27				\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		<del></del>	May Be
23		28			Trust Fund Contribution			to Fees
Z <sub>1</sub> p	Country	Zip	Coun	ry	8. This corporation has liability			. 199.032,
24 Na	25 ne and Address of Curre	29	30		Florida Statutes  10. Name and Address of New	Yes [		
FILINGS INC.	ne and Address of Curre	an negistered Agent		1 Name	10. Hallie Billo Addiess of New	r neglistereu i	Agont	
3732 NW 16	TH STREET							
	ALE FL 33311		6	2 Street Add	fress (P.O. Box Number is Not Acce	ptable)		
7. 5.055.15			Ē	3		**************************************		
			ا	4 City			85 Zip	Code
						FL	. 1 1 1	
11. Pursuant to the pro	visions of Sections 607.05	02 and 607.1508, Florida Sta	itutes, the abo	ve-named corpora	tion's board of directors. Thereby a	ccept the ann	ointment as	registered
SIGNATURE	visions of Sections 607.05 agent, or both, in the Stat with, and accept the oblighed or poster same of registered as	02 and 607.1508, Florida State of Florida Such change wigations of Section 607.0505, gent and title of applicable (f			ifed when reinstaling)	ccept the app	ointment as	registered
SIGNATURE Signature, by	ped or pointed name of registored B	gent and title if applicable (I	NOTE: Registered /	gent signature requ		DATE	DIRECTOR	1S IN 12
SIGNATURE Signature, to 12.	ped or peatest name of registored a OFFICERS Af	gent and title if applicable ()	NOTE: Registered A	gent signature requ	irad when reinstating)	DATE		
SIGNATURE Signature, by  12.  IIILE D  NAME IULO, S	OF FICERS AF	gent and title if applicable (I	NOTE: Registered / 13. 1.1 TITU 1.2 NAM	gent signature requ	irad when reinstating)	DATE	DIRECTOR	1S IN 12
SIGNATURE Signature, to  12.  TITLE D IULO, SIGNATURE SIGNATURES 6902 N	OFFICERS AF STEVE IANDARIN ROAD	gent and title if applicable (I	13. 1.1 TITU 1.2 NAM 1.3 STRI	egent signature requires	irad when reinstating)	DATE	DIRECTOR	1S IN 12
SIGNATURE  12.  THE D IULO, SIGNATURE 6902 N CHY-SI-7IP SARAS	OF FICERS AF	gent and title if applicable (I	13. 1.1 TITU 1.2 NAM 1.3 STRI	gent signature requires	irad when reinstating)	DATE	DIRECTOR	1S IN 12
SIGNATURE  12.  TITLE D IULO, S 6902 N SARAS  TITLE D SARAS	DELICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL	gent and title if applicable (I ND DIRECTORS DELETE	13. 1.1 TiTul 1.2 NAM 1.3 STRI 1.4 CiTy	egent signature requires	irad when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  12.  IIILE D IULO, 1 SIRREI ADDRESS 6902 N CITY-ST-ZIP SARAS  IIILE D WALMS	OFFICERS AF STEVE IANDARIN ROAD	gent and title if applicable (I ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	egent signature requires	irad when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  Signation of Signature of Signatu	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE	gent and title if applicable (I) ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition
SIGNATURE  Signature. Is  SIGNATURE  D NAME  SIRFET ADDRESS  G107 - ST - ZIP  NAME  SIRFET ADDRESS  G107 - ST - ZIP  SARAS  G117 - ST - ZIP  SARAS  SARAS  1014 - ST - ZIP  SARAS	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (I ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT' 3.1 TITL	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE  12.  IIILE D IULO, S SIRPELADRESS CHY-SI-ZIP SARAS TITLE D WALMS STREELADRESS CHY-SI-ZIP SARAS TITLE SARAS TITLE D SARAS TITLE SARAS TITLE SARAS	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (I) ND DIRECTORS DELETE	13. 1.1 TITU 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAN	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	irad when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  SIRPET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  SARAS  CITY-ST-ZIP  SARAS  TITTE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (I) ND DIRECTORS DELETE	13. 1.1 TITU 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAN 3.3 STRI	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	irad when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  SIRPET ADDRESS  CITY-ST-ZIP  NAME  SIRRET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (IND DIRECTORS)  DELETE  DELETE	13. 1.1 TITU 1.2 NAN 1.3 STRI 2.2 NAN 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAN 3.3 STRI 3.4 CIT 3.1 TITU 3.4 NAN 3.5 STRI 3.4 CIT	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME SIRFET ADDRESS CITY-ST-ZIP  NAME SIRFET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME TITLE  NAME TITLE  NAME TITLE  NAME TITLE  NAME TITLE	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (I) ND DIRECTORS DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITU	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	irad when reinstating)	DATE	DIRECTOR Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME SIRFET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (IND DIRECTORS)  DELETE  DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	irad when reinstating)	DATE	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME SIRFET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (IND DIRECTORS)  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 S	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS	irad when reinstating)	DATE	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME SIRFET ADDRESS CHY-ST-ZIP  NAME SIRFET ADDRESS CHY-ST-ZIP  NAME STREET ADDRESS CHY-ST-ZIP  TITLE  NAME STREET ADDRESS CHY-ST-ZIP  TITLE  NAME STREET ADDRESS CHY-ST-ZIP  TITLE  NAME STREET ADDRESS STREET ADDRESS	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and title if applicable (IND DIRECTORS)  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 S	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS /-ST-ZIP E ET ADDRESS /-ST-ZIP E ET ADDRESS /-ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  SIRFET ADDRESS  CHY-ST-ZIP  NAME  SIREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gont and title if applicable (IND DIRECTORS DELETE DELETE	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 STRI 4.4 CITY 4.4 CITY	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  Signature. Is  SIGNATURE  D NAME  SIRFET ADDRESS  G10Y-S1-7IP  THLE  NAME  STREET ADDRESS  G11Y-S1-7IP  THLE  NAME  STREET ADDRESS  C11Y-S1-7IP  THLE  NAME	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gont and title if applicable (IND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change Change Change	IS IN 12  Addition  Addition  Addition
SIGNATURE  12.  IIILE  NAME  SIRFELADDRESS  GOLY-SI-ZIP  NAME  STREELADDRESS  CITY-SI-ZIP  NAME  STREELADDRESS  CITY-SI-ZIP  TITLE  NAME  STREELADDRESS  CITY-SI-ZIP	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and litte d applicable (IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CIT 4.1 TISL 4.2 NAM 4.3 STRI 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CIT 5.3 STRI 5.4 CIT 5.4 CIT 5.5 STRI 5.5 CIT 5.6 TITL 5.7 NAM 5.8 STRI 5.4 CIT	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12.  IIILE  NAME  SIRFELADRESS  G902 N  SARAS  IIILE  D  NAME  SIRFELADRESS  G117-SL-ZIP  TITLE  NAME  STREELADRESS  G117-SL-ZIP  TITLE  NAME	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gont and title if applicable (IND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TIYL 4.2 NAM 4.3 STRI 4.2 CIT 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CIT 5.1 TITL 5.2 NAM 5.3 STRI 6.1 TITL	E ET ADDRESS -ST-ZIP E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR Change Change Change	IS IN 12  Addition  Addition  Addition
SIGNATURE  12.  IIILE  NAME  SIRFET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and litte d applicable (IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CITY 4.2 NAM 4.3 STRI 4.2 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	E ET ADDRESS -ST-ZIP ET ADDRESS	irad when reinstating)	DATE	DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12.  THE D IULO, STARAS  THE SARAS  THE D WALMS  STREET ADDRESS  CHY-SI-ZIP SARAS  THE SARAS  THE D WALMS  6902 N  STREET ADDRESS  CHY-SI-ZIP SARAS  THE NAME  STREET ADDRESS  CHY-SI-ZIP  THE NAME  THE	OFFICERS AF OFFICERS AF STEVE IANDARIN ROAD OTA FL SLEY, LAURIE IANDARIN ROAD	gent and litte d applicable (IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI 6.3 ST	E ET ADDRESS -ST-ZIP E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	irad when reinstating)	DATE	DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition Addition