FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61799 (5)

1. Corporation Name
THE VETERINARY CONNECTION, INC.

Principal Place of Business	Mailing Address
~~2651 GUNSET PT. RD.~~ CLEARWATER FL 34619-1500 US	~~2651 SUNSET PT. RD.~~ CLEARWATER FL 34619-1500 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business	2a. Mailing Address
21 2937 Union St.	26 2937 Union St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater FL	28 City & State: Clearwater, FL
24 Zip: 34619 / 25 County	29 Zip: 34619 / 30 County

4. FEI Number: 59-3141419 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUHN, PAUL D., JR.
5364 EHRLICH ROAD
SUITE 150
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: Joel Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 2937 Union Street
83
84 City: Clearwater FL 85 Zip Code: 34619

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: _____ 3/31/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed or faxed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MURPHY, JOEL	12 NAME	
STREET ADDRESS	2651 SUNSET POINT ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	~~STD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~MURPHY, (DR.) K~~	22 NAME	
STREET ADDRESS	~~2151 SUNSET PT RD~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~CLEARWATER FL~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and does not qualify for the 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed or Printed Name)

0050000 CP