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

**PROFIT CORPORATION** ANNUAL REPORT

1998



THORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

SOUTHWEST ANIMAL HOSPITAL, INC.

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## **FILED** Jun 25 1998 8:00am Secretary of State

OSSITINGS FINANCE HOST III				
Principal Place of Business	Mailing Address		( wares	517 51617 31511 WIZIT \$1517 1951
6448 BIRD RD MIAM! FL 33155	6448 BIRD RD Miami FL 33155			
micsel (C 90190	mironi (E. PVIQ		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
· · · · · · · · · · · · · · · · · · ·	and the second s		04/06/1970	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant H ote	26 Suite Art # oto		59-1294595	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Flection Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζφ	Country	8. This corporation owes or has paid the c	
25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Cu			10. Name and Address of New Registere	d Agent
BOYD, WALTER E.		81 Name		
6448 <b>BIR</b> D ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33155		83		
		84 City		85 Zip Code
			F	L   `
office or registered agent, or both in the Sagent Lam familiar with, and accept the cities SIGNATURE.  Signature type for pulled track of repolar	bligations of, Section 607 0505,	s authorized by the corpora Florida Statutes. OTE Registered Agent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the application of the purpose the purpose the purpose tion's board of directors.	opointment as registered
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE SD	DECFTÉ	11 TIFLE		Change Addition
NAME DOTY, LAYSON		1.2 NAME		
STREET ADDRESS 6448 BIRD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY - ST - ZIP		
TITLE PD	☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME BOYD, WALTER E		2 2 NAME		
STREET ADDRESS 6448 BIRD RD		2 3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		2 4 CHY-S1-ZIP		
TITLE D	☐ DELFTE	3.1 THTLE		Change Addition
NAME BOYD, MARGARET		3.2 NAME		
STREET ADDRESS 6448 BIRD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL	DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE	[ ] OFIGH	4.1 TILLE		Change L Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CHY - ST - ZIP 51 THLE		Change Addition
THE	المنا المنا المنا	5 2 NAME		Programme Transfer
NAME CIRET ADDRESS:				t
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELFIE	5.4 CITY - S1 - ZIP 6.1 TITLE		Change Addition
NAME	C.C.C.C.	6.2 NAME		Smange FAGUIO
		<b>1</b>		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY+ST-ZIP		6.4 CHY+ST+7IP		

14. Thereby 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address