

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G95728** (3)

1. Corporation Name
GREENACRES VETERINARY GROUP, INC.



Principal Place of Business: **C/O KEVIN F. RICHARDSON, 1551 FORUM PLACE, SUITE 300C, WEST PALM BEACH FL 33401-9386**
Mailing Address: **C/O KEVIN F. RICHARDSON, 1551 FORUM PLACE, SUITE 300C, WEST PALM BEACH FL 33401-9386**

3. Date Incorporated or Qualified: **04/06/1984**
3a. Date of Last Report: **04/13/1995**
4. FFI Number: **59-2414447**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, FL, Zip Code.

**RICHARDSON, KEVIN F
1551 FORUM PLACE, SUITE 300C
WEST PALM BEACH FL 33401-9386**

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 _____

Signature of person who filed this report with the state

Signature of Registered Agent who is filing

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	SD	<input type="checkbox"/> DELETE
NAME	TANNENBAUM, BRUCE	
STREET ADDRESS	5586 HIGH FLYER RD. N.	
CITY- ST- ZIP	PALM BEACH GARDEN FL 33418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce Tannenbaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

407-697-4200

CR2E034 (12/95)