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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M19082**

(0)

1. Corporation Name

SHADOWOOD ANIMAL CLINIC INC.

Principal Place of Business

**9531 CLINT MOORE RD
BOCA RATON FL 33496
US**

Mailing Address

**9531 CLINT MOORE RD
BOCA RATON FL 33496-1008
US**

3. Date Incorporated or Qualified
08/08/1985

3a. Date of Last Report
01/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BUTZER, BRIAN
9531 CLINT MOORE RD
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name

BUTZER, LESLIE

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

9531 CLINT MOORE RD.

83

BOCA RATON FL 33496

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Leslie Hall Butzer

2/7/97

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☒ DELETE
NAME **BUTZER, BRIAN**
STREET ADDRESS **9531 CLINTMOORE RD.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PDS** ☐ DELETE
NAME **BUTZER, LESLIE**
STREET ADDRESS **9531 CLINT MOORE RD.**
CITY-ST-ZIP **BOCA RATON, FL. 33496**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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 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:

Leslie Butzer

1-24-97

561-487-4233

CR2E034 (9/96)