FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S88102** **(6)**

1. Corporation Name

AVENUE ANIMAL CLINIC, INC.

Principal Place of Business	Mailing Address
13301 N.W. 7TH AVENUE NORTH MIAMI FL 33168	13301 N.W. 7TH AVENUE NORTH MIAMI FL 33168

3. Date Incorporated or Qualified: 10/18/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0290209	☐ 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 s 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GISSENDANNER, ELTON J.
13301 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name: McKinney, Stewart E.
82 Street Address (P.O. Box Number is Not Acceptable): 13301 NW 7th Avenue
83
84 City: N. Miami FL 85 Zip Code: 33168

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: Stewart E McKinney P/S/T/D DATE: 4-28-96
Signature, typed or printed name of registered agent and title if applicable (New Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	GISSENDANNER, ELTON J.		1.2 NAME	MCKINNEY, Stewart E.	
STREET ADDRESS	13301 NW 7TH AVE		1.3 STREET ADDRESS	13301 NW 7th Avenue	
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY-ST-ZIP	N Miami, Fl. 33168	
TITLE	STD	XX DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, STEWART E.		2.2 NAME		
STREET ADDRESS	13301 NW 7TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Stewart E McKinney Stewart McKinney 3/12/96 (305)685-0095