CORPORATION ANNUAL REPORT 1995

Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023286 (5)

1. Corporation Name
CHAPEL TRAIL ANIMAL CLINIC, INC.

Principal Place of Business	Mailing Address
~~8400 N. UNIVERSITY DR.~~ ~~TAMARAC FL 33321~~	~~8400 N. UNIVERSITY DR.~~ ~~TAMARAC FL 33321~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 18419 Pines Blvd.	26 1489 W. Palmetto Park Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 485
City & State 23 Pembroke Pines, Fl	City & State 28 Boca Raton, Fl.
Zip 24 33029 Country 25 US	Zip 29 33486 Country 30 USA

4. FEI Number: 65-0508305 ☐ 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

9. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
~~8400 N. UNIVERSITY DR.~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1489 W. Palmetto Park Road
83 Suite 485
84 City Boca Raton FL 85 Zip Code 33486

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 607.325, Florida Statutes.

SIGNATURE Samuel J Cantor DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Steven Berg	12 NAME	
STREET ADDRESS	18419 Pines Blvd	13 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, Fl 33029	14 CITY ST ZIP	
TITLE	Vice President	21 TITLE	☐ Change ☐ Addition
NAME	Lori Meacham	22 NAME	
STREET ADDRESS	18419 Pines Blvd	23 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, Fl 33029	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 voluntarily furnished 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: Steven Berg Steven Berg 4/27/95 305-430-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

022024 CP