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PROFIT **CORPORATION** ANNUAL REPORT



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

1996

SIGNATURE: 5

270225

DOCUMENT # 370835 (1)  1. Corporation Name  DAVIE VETERINARY CLINIC, INC.					
Principal Place	of Business	Mailing Address			IBRA OLDAR BUBUN BUBUN DI BRA BUBUN NADA
5490 STIRLING ROAD FORT LAUDERDALE FL 33314-7457 US		5490 STIRLING ROAD FORT LAUDERDALE FL 33314-7457 US			
				3. Date Incorporated or Qualified 3a. 10/05/1970	Date of Last Report 01/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1	ioc of Edulificas	26		59-1304551	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27	*····	Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
3 Zip	Country	28   Zip	Country	This corporation has liability for intang	Added to Fees
4	25	29	30	Florida Statutes X Yes	
	9. Name and Address of Curre			10. Name and Address of New Regist	ered Agent
			81 Name		
AYCOCK, JAMES F			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	RLING RD				· · · · · · · · · · · · · · · · · · ·
FUH! LA	UDERDALE FL 33314		83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the above named corporation's bo	pration submits this statement for the purpose	· — · ·
familiar with SIGNATURE	o the provisions of Sections 607.050 ad agent, or both, in the State of Floh, and accept the obligations of, Sec	ction 607.0505, Florida Statul	tutes, the above-named corporation's both the corporation's both the corporation's both the corporation with the c	oration submits this statement for the purpose and of directors. I hereby accept the appointment of the appointment when reastering	· — · ·
familiar with SIGNATURE	h, and accept the obligations of, Sec Signatum, typed or prilled name of registered ag- OFFICERS AI	ction 607.0505, Florida Statul intervitibili application ND DIRECTORS	INOTE Registered Agent signature requir		of changing its registered officient as registered agent. I am  DATE  B AND DIRECTORS IN 12
familiar with SIGNATURE 5 12.	h, and accept the obligations of, Sec Signature, typed or pricted name of regeltered ag- OFFICERS AI	ction 607.0505, Florida Statul int and the Pappicaba	(NOTE Engistered Agrill signature requir 13. 1 1701E	rod when renotating 0	of changing its registered office ent as registered agent. I am
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SIGNING OFFICER OF DIRECTOR