

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 # 399882 (0)

1. Corporation Name

SARNO ANIMAL HOSPITAL, INC.



Principal Place of Business

1029 SARNO RD
MELBOURNE FL 32935

Mailing Address

1029 SARNO RD
MELBOURNE FL 32935

3. Date Incorporated or Qualified

04/24/1972

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN JR, RALPH E
1029 SARNO RD
MELBOURNE FL 32935

81 Name

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

83

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 types for president, secretary, registered agent, and director.

Signature types for registered agent, secretary, and director.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

CACCIATORE, SAMMY
525 N HARBOR CITY BL
MELBOURNE, FL 00000

☐ DELETE

D

GRIFFIN, ALICE
203 RIVERSIDE DR.
MELBOURNE, FL 00000

☒ DELETE

PD

GRIFFIN JR, RALPH E
203 RIVERSIDE DR.
MELBOURNE, FL 00000

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

27 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)