FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8: 32

DOCUMENT # 447646 (1)

1. Corporation Name

ANIMAL MEDICAL HOSPITAL, INC.

Principal Place of Business
400 SE 29TH STREET
FT. LAUDERDALE FL 33316

Mailing Address
400 SE 29TH STREET
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4101 GRIFFIN Road	26 4101 GRIFFIN Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT LAuderdale FL	City & State 28 FT LAud. FlA
Zip 24 33314 Country 25 Broward	Zip 29 33314 Country 30 Broward

3. Date Incorporated or Qualified: 03/14/1974
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-1539816 — 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

HULLS, JR. F
STE. 426 BAYVIEW BLDG. 1040
FT. LAUDERDALE FL 33304

He remains resident agent

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	LUNDBERG (RAYMOND W.)	1 2 NAME	
STREET ADDRESS	829 SE 8TH ST	1 3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	LUNDBERG, MARIAN	2 2 NAME	
STREET ADDRESS	829 SE 8TH ST	2 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	2 4 CITY ST ZIP	
TITLE	P	3 1 TITLE	☐ Change ☐ Addition
NAME	LUNDBERG, RAYMOND	3 2 NAME	
STREET ADDRESS	829 SE 8TH ST	3 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	3 4 CITY ST ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	HOMANS, PHILLIPS	4 2 NAME	
STREET ADDRESS	3500 JACKSON ST., #107	4 3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	LARCHE, JAMES G	5 2 NAME	
STREET ADDRESS	1702 NE 38TH ST	5 3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(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: Raymond Lundberg Raymond Lundberg President — 6-1995 — 305 581-0710
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0225042 CP