

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 25 AM 9:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 450240

(7)

1. Corporation Name

EMERGENCY ANIMAL CLINIC, INC.

Principal Place of Business

**14150 W. DIXIE HWY.
N. MIAMI FL 33161**

Mailing Address

**14150 W. DIXIE HWY.
N. MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1974

3a. Date of Last Report

02/22/1994

4. FEI Number

59-1579086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

2a. Mailing Address

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

**HORLAND, JAMES A
290 NW 165TH ST.
PENTHOUSE, 4
N. MIAMI BEACH FL 33169**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIEGEL, HAROLD
STREET ADDRESS	14150 WEST DIXIE HWY.
CITY - ST - ZIP	N. MIAMI FL
TITLE	D
NAME	BLACK, BURTON
STREET ADDRESS	1006 N.E. 203 LANE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ADAMS, IGNATIUS
STREET ADDRESS	672 N.E. 79 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	UTGARD, HERBERT
STREET ADDRESS	175 N.W. 167 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	TENZER, NEIL
STREET ADDRESS	2645 N.E. 186 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WASMAN, STANLEY
STREET ADDRESS	1029 PURDY AVENUE
CITY - ST - ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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

4/19/95 305-891-544