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 # **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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26 12870 Biscayne Blvd.
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip
29 33181
County
30

3. Date Incorporated or Qualified: 04/05/1974
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-1579086 ☐ 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

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 — REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIEGEL, HAROLD	
STREET ADDRESS	14150 WEST DIXIE HWY.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	☐ DELETE
NAME	BLACK, BURTON	
STREET ADDRESS	1006 N.E. 203 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ADAMS, IGNATIUS	
STREET ADDRESS	672 N.E. 79 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	UTGARD, HERBERT	
STREET ADDRESS	175 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	TENZER, NEIL	
STREET ADDRESS	2645 N.E. 186 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	WASMAN, STANLEY	
STREET ADDRESS	1929 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		

CR2E034 (12/95)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD SIEGEL DVM

2/22/96 — DATE
305-891-5116 — Daytime Phone #