

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90033 015 ***150.00

DOCUMENT # 450240

1. Corporation Name
EMERGENCY ANIMAL CLINIC, INC.

Principal Place of Business

14150 W. DIXIE HWY.
N. MIAMI FL 33161

Mailing Address

12870 BISCAYNE BLVD
MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1974

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

(NOT: Registered Agent signature required when reinstating)

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. J. Fabian, CPA for Emergency Animal Clinic Inc.

4/26/99

305 371 2830

Date

Jaytime Phone #

CR2E034 (11/98)

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