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
95 JAN 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **482533** (7)

1. Corporation Name
DVM PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
8800 NW 36 ST MIAMI FL 33178 US	8800 NW 36 ST MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1975
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1683899 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	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

PFENNIGER, RICHARD C JR
8800 NW 36 ST
MIAMI FL 33178

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	SEE #13 AND ATTACHED LIST	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	SMOLEV, STEVEN P		1.2 NAME	Smolev, Steven P.	
STREET ADDRESS	8800 NW 36TH ST		1.3 STREET ADDRESS	8800 N.W. 36th Street	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE	V		2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	WHITE, JACK		2.2 NAME	Tabernilla, Armando A.	
STREET ADDRESS	8800 NW 36 ST		2.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D		3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	BRODY, LAURENCE DDS		3.2 NAME	Pfenniger, Richard C.	
STREET ADDRESS	8800 NW 36 ST		3.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	T		4.1 TITLE	V	☐ Change ☐ Addition
NAME	BAXTER, FREDERICK		4.2 NAME	White, Jack	
STREET ADDRESS	8800 NW 36TH STREET		4.3 STREET ADDRESS	8800 N.W. 36th Street	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE	AS		5.1 TITLE	VP - Special Projects	☐ Change ☒ Addition
NAME	ARMANDO TABERNILLA		5.2 NAME	Wehrmeyer, James	
STREET ADDRESS	8800 NW 36TH STREET		5.3 STREET ADDRESS	8800 N.W. 36 Street, Miami, FL 33178	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	AS		6.1 TITLE	T	☐ Change ☒ Addition
NAME	TABERNILLA, ARMANDO A		6.2 NAME	Zinzi, Andrew	
STREET ADDRESS	8800 NW 36 ST		6.3 STREET ADDRESS	8800 N.W. 36th Street	And see attached
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33178	

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)(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.

SIGNATURE: Dora B. Rubin Asst. Secretary 1/16/95 305-590-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104007 CP