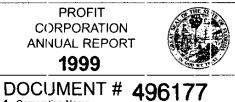
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DONALD O. TAYLOR, D.V.M., P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State Katherine Harris

04-27-1999 90115 032 ***150.00



Principal P ace of Business Mailing Address 8375 SW 89TH ST. 8375 SW 89TH ST. MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/01/1976 Aprilied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1642603 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Соилту Zip Country 8. This corporation owes the current year Intangible □No 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TAYLOR, DONALD O. DVM Street Address (P.O. Bo) Number is Not Acceptable) 82 8375 SW 89TH ST MIAMI FL 33156 85 Zip Code 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, 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 regulared when reinstating) (11/98)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE □ DELETE 1.1 TITLE ☐ Change TAYLOR, DONALD O. 1.2 NAME CR2E034 NAME 8375 SW 89TH ST 1.3 STREET ADDRESS STREET ADDRESS KENDALL FL 33156 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 corpore ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attact ment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

VAMUECO HALLERE GONALD

☐ DELETE

☐ Addition

☐ Change