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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 528673

(7)

WESTWOOD VETERINARY, INC.

Principal Place of Business

Marling Address

FILED Mar 13 1997 8:00am Secretary of State



8980 B W 1091H AVE MIAMI FL 33165		3960 S W 1097H RVE MIAMI FL 33165-4428					
					3. Date Incorporated or Qualified 03/04/1977	3a. Date of Last R 04/29/1996	eport
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	oplied For
21		26		59-1749470	No.	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		May Be
23		[28]	•		Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Count	У	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent	8		10. Name and Address of New Reg	Istered Agent	
	racena, gerardo s.		8	Name			Į.
	0 S.W.109TH AVE.		82 Street Addre		Iress (P.O. Box Number is Not Acceptable)		
MIA	MI FL						
			8	3	:		
			8-	City		FL 85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abor authorized to lorida Statute	ve-named corpora by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	errand tille if proheatile (NC	JH : Registered A	gent signature réqui	irea when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	IS IN 12
TITLE	PO	☐ DELETE	1.1 TOLE] -		Change	Addition
NAME	Caracena, Gerardo S.		1.2 NAME				[3
STREET ADDRESS	3960 S.W.109TH AVE.		1.3 STREE	1 ADDRESS			[6]
CITY-ST-ZIP	MIAMI FL		14 CHY-	\$1-7IP			أا
TITLE	ST	☐ DELETE	21 TPLE			Change	Addition C
NAME	CARACENA, GERARDO S.		2.2 NAME				
STREET ADDRESS	3960 S.W.109TH AVE.		2 3 \$TRE	1 ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	- S1 - ZIP			
TITLE		☐ DELETE	3.1 TO LE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY	- ST - ZIP			
TITLE		[_] DELF1E	4.1 TILLE			Change	Addition
NAME			4 2 NAM	· ·	-		
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 City-	ST-ZIP			
TITLE		DETEAT	5.1 TITLE			Change	Addition
NAME			5.2 NAM8				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·	5.4 CHY	\$1-20°			1.00
TITLE		DETEIE	G.1 TITLE			, Change	Addition
NAME			G.2 NAM(1	•		-
STREET ADDRESS				T ADDRESS	f		
CITY-ST-ZIP			64 CHY	S1-7IP			

I do hereby certify that the information information indicated on this annual of I am an officer or director of the cor-appears in Block 12 or Block 13 if c with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the upplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name