1. Entity Name 578447 **FILED** WESTCHESTER ANIMAL HOSPITAL, INC. Aug 19, 2005 8:00 am Secretary of State Principal Place of Business Mailing Address ţ 2730 SW 87TH AVE MIAMI FL 33165 2730 SW 87TH AVE 07-25-2005 90098 013 ***150.00 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1854761 Not Applicable Zip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEDINA, JOANNE M D.V.M. 2730 S.W. 87TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crinted name of ingrished agent and tale if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TIFLE Change ☐ Addition NAME MEDINA, JOANNE M NAME 2730 S.W. 87TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Detete TIT) F Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CITY-ST-ZP Detete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P HILE Detete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Octete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-74P 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (205) 221-1224 SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7115105 SIGNATURE: .

ALIACHMENT



WESTCHESTER ANIMAL HOSPITAL JOANNE MEDINA, D.V.M. AND ASSOCIATES

(e60026053

578447

2730 S.W. 87th Avenue Miami, Florida 33165

Telephone: (305) 221-1224

August 16, 2005

To Whom It May Concern:

This letter is to inform that I didn't receive the annual report notice for this year. I am asking for a waiver of the \$400.00 late fee since I did not receive a notice on the mail. I really appreciate you understanding. Thank you for your help.

Reference Number: 578447

Sincerely

Joanne M. Medina, D.V.M. President



July 28, 2005

WESTCHESTER ANIMAL HOSPITAL, INC. 2730 SW 87TH AVE MIAMI, FL 33165

Subject: WESTCHESTER ANIMAL HOSPITAL, INC.

Reference Number:

578447

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314