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

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (0) 609106 DWAYNE A. BEATTY, D.V.M., P.A. Principal Place of Business Mailing Address 8356 BIRD ROAD 8356 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/07/1979</u> 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 59-1890148 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. System In No. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEATTY, DWAYNE A 8356 BIRD RD. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155-0312 83 City Zip Code Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or register agent. I am famil ch change was authorized by the corporation's board of directors. I hereby accept the appointment on 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE BEATTY, DWAYNE A NAME 1.2 NAME 8356 BIRD ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BEATTY, DWAYNE A NAME 2.2 NAME 8356 BIRD ROAD STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TIFLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 convertifin of 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 for on an attachment with an address.)

FILED

4-18-98 305-552-7122