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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 644881

LANTANA-ATLANTIS ANIMAL HOSPITAL, P.A.

Principal Place of Business Mailing Address 3530 N. LANTANA ROAD 3530 N. LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 3. Date Incorporated or Qualifed 11/13/1979 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1951272 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAXE, DR NANCY, J. 3530 N. LANTANA ROAD Street Address (P.O. Box Number is Not Acceptable)

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90068 037 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

LANTANA FL 33462		83	-	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1	3 7 3 9 7
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	•	84	City	F	85 Zip C	ode
1111111	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	*ha = have		· · · · · · · · · · · · · · · · · · ·		registered
office or r	to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florida in the control of the control of the provisions of the provision	orized by	the con	poration's board of directors. I hereby accept the app	pointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gietamd Agen	t cionature	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	t algitetore	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
ITLE	P # DELETE	1.1 TITLE		5.1.18.	☐ Change	☐ Addition
NAME	SAXE, NANCY J	1.2 NAME		, .,,		
STREET ADDRESS	1819 HIGH RIDGE RD.	1.3 STREET	ADORESS	s		
CITY-ST-ZIP	LAKE WORTH FL 33461	1.4 CITY-S		-		
IIILE	V DELETE	2.1 TITLE			Change	☐ Addition
NAME	STANLEY, EDWIN L	2.2 NAME				
STREET ADDRESS	8901 KENDALE PLACE	2.3 STREET	ADORES	s		
CITY-ST-ZIP	LAKE WORTH FL 33467	2, 4 CITY-S		. •.		
TITLE	DELETE	3.1 TITLE			Change	Addition
VAME		3.2 NAME			•	
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ITTLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
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TITLE	DELETE □ DELETE	6.1 TITLE			Change	☐ Addition
NAME ,		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRES:	s		
CITY-ST-ZIP	V. S.	6.4 CITY-S	T-ZIP	·		
				11: 0 - 11: 440 07(0)(1) Et -14 - District - 15: 4b	المطفق المتعدد	-formation

14. 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 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, with an other like empowered.

CR2E034 (11/98)