

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651174 (5)

1. Corporation Name

JOHN ROBERT PAYNE, D.V.M., P.A.



Principal Place of Business

2434 S.W. 28 LANE
MIAMI FL 33133

Mailing Address

2434 S.W. 28 LANE
MIAMI FL 33133

3. Date Incorporated or Qualified 10/31/1979	3a. Date of Last Report 01/13/1995
4. FEI Number 59-1939539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

PAYNE, JOHN ROBERT
2434 S.W. 28 LANE
MIAMI FL

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 607.1505, Florida Statutes.

SIGNATURE

Signature of type or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. NAME	
CITY- ST- ZIP		13. STREET ADDRESS	
1. PD		14. CITY- ST- ZIP	
2. PAYNE, JOHN ROBERT	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2434 S.W. 28 LANE		22. NAME	
4. MIAMI FL		23. STREET ADDRESS	
5. D	<input type="checkbox"/> DELETE	24. CITY- ST- ZIP	
6. PAYNE, DIANNE SHRADER		3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. 2434 S.W. 28 LANE		32. NAME	
8. MIAMI FL		33. STREET ADDRESS	
9. CITY- ST- ZIP		34. CITY- ST- ZIP	
10. NAME	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		42. NAME	
12. STREET ADDRESS		43. STREET ADDRESS	
13. CITY- ST- ZIP		44. CITY- ST- ZIP	
14. NAME	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		52. NAME	
16. STREET ADDRESS		53. STREET ADDRESS	
17. CITY- ST- ZIP		54. CITY- ST- ZIP	
18. NAME	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		62. NAME	
20. STREET ADDRESS		63. STREET ADDRESS	
21. CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John Robert Payne Jr.* DR. JOHN ROBERT PAYNE JR. 1-18-96 305-856-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)