

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 APR 11 PM 3:27

**DOCUMENT # 674513 (7)**  
1. Corporation Name  
**ACADEMY ANIMAL HOSPITAL OF WEST PALM BEACH, INC.**

Principal Place of Business Mailing Address  
**429 BELVEDERE ROAD WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **06/23/1980** 3a. Date of Last Report **05/01/1994**

21	2. Principal Place of Business	26	2b. Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	59-2056042		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**ARNOFF, LAURA E ESQ  
2000 PALM BEACH LAKES BLVD  
STE 900  
WEST PALM BEACH FL 33409**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, RICHARD OSWALD	12 NAME	
STREET ADDRESS	429 BELVEDERE ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	14 CITY - ST - ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, RICHARD OSWALD	22 NAME	
STREET ADDRESS	429 BELVEDERE ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	24 CITY - ST - ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR