FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:19

DOCUMENT # F46638 (5)

1. Corporation Name
SCOTT J. SWERDLIN, D.V.M., P.A.

Principal Place of Business	Mailing Address
149 REDONDO WAY WEST PALM BEACH FL 33414	149 REDONDO WAY WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1981
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 13125 Southfields Rd.
22 Suite, Apt. #, etc.
23 City & State: W. Palm Beach, Fl.
24 Zip: 33414
25 Country: Palm Beach

2a. Mailing Address
26 13125 Southfields Rd.
27 Suite, Apt. #, etc.
28 City & State: W. Palm Beach, Fl.
29 Zip: 33414
30 Country: Palm Beach

4. FEI Number: 59-2138456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWERDLIN, SCOTT J
149 REDONDO WAY
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 13125 Southfields Rd.
83
84 City: W. Palm Beach FL 85 Zip Code: 33414

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 name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☐ Change ☐ Addition
NAME	SWERDLIN, SCOTT J.	12 NAME	
STREET ADDRESS	149 REDONDO WAY	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SWERDLIN, SCOTT J.	22 NAME	
STREET ADDRESS	149 REDONDO	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true, accurate and complete. I/We hereby certify that the information indicated on this report or supplemental report is true and accurate and that my/our signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with an addition.

SIGNATURE: X Scott J Swerdlin 2/14/95 407-793-1849
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0252704 CP