

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004452 (8)

1. Corporation Name

THE PET PRACTICE, INC.

Principal Place of Business

1018 W. NINTH AVE.  
KING OF PRUSSIA PA 19406

Mailing Address

1018 W. NINTH AVE.  
KING OF PRUSSIA PA 19406



3. Date Incorporated or Qualified  
08/26/1994

3a. Date of Last Report  
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

38-3136205

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FOSTER, JOHN H  
STREET ADDRESS 1016 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

1. 1 TITLE

☐ Change

☐ Addition

TITLE C  
NAME NAGY, STEPHEN F.  
STREET ADDRESS 1016 W. NINTH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

2. 1 TITLE

☐ Change

☐ Addition

TITLE S V  
NAME BARRATT, WARREN D  
STREET ADDRESS 1018 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

☐ DELETE

2. 2 NAME

☐ Change

☐ Addition

TITLE V  
NAME NAGY, STEPHEN F  
STREET ADDRESS 1016 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

☒ DELETE

3. 1 TITLE

☐ Change

☒ Addition

TITLE VD  
NAME DWORKIS, ANDREW S  
STREET ADDRESS 24300 SOUTHFIELD RD.  
CITY-ST-ZIP SOUTHFIELD MI 48075

☐ DELETE

4. 1 TITLE

☐ Change

☐ Addition

TITLE AS  
NAME OUMETTE, ROBERT A  
STREET ADDRESS 237 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

6. 1 TITLE

☐ Change

☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

610-992-8813

Daytime Phone #

CR2E034 (12/95)