

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 # F94000005170 (5)

1. Corporation Name

THE PET PRACTICE (FLORIDA), INC.

Principal Place of Business

1018 WEST 9TH AVENUE
KING OF PRUSSIA PA 19406

Mailing Address

1018 WEST 9TH AVENUE
KING OF PRUSSIA PA 19406



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	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/04/1994	07/07/1995
4. FEI Number	Applied For
23-2779827	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fees 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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:

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	VTSD	1.1 TITLE	PD
NAME	WARREN D. BARRETT	1.2 NAME	PETER J. COHEN
STREET ADDRESS	1018 W. NINTH AVE.	1.3 STREET ADDRESS	1018 W. NINTH AVE
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	KING OF PRUSSIA, PA
TITLE	VDS	2.1 TITLE	VD ST
NAME	BARRATT, WARREN	2.2 NAME	
STREET ADDRESS	1018 WEST 9TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DV
NAME	NAGY, STEPHEN F	3.2 NAME	
STREET ADDRESS	237 PARK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK MY	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	OUIMETTE, ROBERT A	4.2 NAME	
STREET ADDRESS	237 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK MY	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	
NAME	MARK G. HARDIN	5.2 NAME	
STREET ADDRESS	1018 W. NINTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 610-882-8823

CR2E034 (12/95)