

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1994
3a. Date of Last Report 05/01/1996

4. FEI Number 23-2779827
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 3420 Ocean Park Blvd #

Suite, Apt. #, etc. #1000

City & State Santa Monica CA

Zip 90405

2a. Mailing Address
26 3420 Ocean Park Blvd #

Suite, Apt. #, etc. #1000

City & State Santa Monica CA

Zip 90405

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	COHEN, PETER J	1018 W. NINTH AVE.	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
VDS	BARRATT, WARREN	1018 WEST 9TH AVE.	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
DV	NAGY, STEPHEN F	237 PARK AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>
AS	OUIMETTE, ROBERT A	237 PARK AVENUE	NEW YORK NY	<input checked="" type="checkbox"/>
AT	MARK G. HARDIN	1018 W. NINTH AVE.	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Robert Antin	3420 Ocean Park Blvd #1000	Santa Monica CA 90405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Arthur Antin	3420 Ocean Park Blvd #1000	Santa Monica CA 90405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Neil Tauber	3420 Ocean Park Blvd #1000	Santa Monica CA 90405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Tomas Fuller	3420 Ocean Park Blvd #1000	Santa Monica CA 90405	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with an attachment with an address.

SIGNATURE: [Signature] 7/31/97 (310)392-5416