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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000005170 (5)

THE PET PRACTICE (FLORIDA), INC.

Principal Place of Business

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



1018 WEST 9TH AVENUE 1018 WEST 9TH AVI KING OF PRUSSIA PA 19406 KING OF PRUSSIA F			-					
MING OF FRIO	SSIR FR 18400	KING OF PRUSSIA PA 19406		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 10/04/1994	3a. Date of La 05/01/19	'	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 342 0	Orean Bok Blud #	26 3420 CCen	BICKBI	$-k \infty$	23-2779827	[Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	75 Additional	
22 # 0000 27		27 + 1000		Fee Required				
City & State	$\sim 10^{-1}$	City & State	-40 /	1	6. Election Campaign Financing		.00 May Be	
			nica (<u>_1 </u>	Trust Fund Contribution	·	ded to Fees	
- Zig	Country	20405 m	Country	or this despitation evide of this part the current ye			_ ·	
24 404	25		0 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 81								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 81 Name 82 Stood Address (R.O. Rev. Number in Not Acceptable)								
	INTATION FL 33324		82 Street	Addres	ess (P.O. Box Number is Not Acceptable)			
re.	WINTON FL 33324		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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	RS AND DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PA	esident	Char	nge 🛮 Addition	
NAME	COHEN, PETER J		1.2 NAME	PC	went anting a	~ u ~ v~	<i>∞</i> >	
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CITY-ST-ZIP	KING OF PRUSSIA PA		1.4 CITY-ST-ZIP		coto monrea c	A 9040	os /]	
TITLE	VDST	DÉLETE	2.1 TITLE	N G	>	☐ Char	nge 🗴 Addition	
NAME	BARRATT, WARREN		2.2 NAME	Pr	thur Antin 120 ocen fork BI	m 4 . h.	m	
STREET ADDRESS	1018 WEST 9TH AVE.		2.3 STREET ADDRESS	3	190 Ocean Lake to	W.S		
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TATLE	DV	4 DELETE	3.1 TITLE	V	<u>ф</u>	Char	nge Addition	
NAME	nagy, stephen f	· I	3.2 NAME	1/10	eri Tauber	a Head	~	
STREET ADDRESS	237 PARK AVENUE		3.3 STREET ADDRESS	34	30 ocean bork by	CX · · · (CAC		
CITY-ST-ZIP	NEW YORK MY		3 4. CITY - ST - ZIP	SX	inter monica,	CA G	0405	
TITLE	AS	DELETE	4.1 TITLE	74	CEO	☐ Char	nge 🔲 Addition	
NAME	OUIMETTE, ROBERT A	·	4 2 NAME	170	omas Fuller.			
STREET ADDRESS	237 PARK AVENUE		4 3 STREET ADDRESS	34	120 Ocean Park	_aBIVOI ^	14-100C	
CITY-ST-ZIP	NEW YORK MY		4.4 CHY-ST-ZIP	<u>_</u> <u>S</u>	onter monico	<u> </u>	<u> 20405 </u>	
TITLE	AT	□ QELETE	5.1 TITLE		• • • • •	Chan	nge L Addition	
NAME	MARK G. HARDIN	ĺ	5.2 NAME				ļ	
STREET ADDRESS	1018 W. NINTH AVE.		5.3 STREET ADDRESS	1				
CITY-ST-ZIP	KING OF PRUSSIA PA	/	5.4 CITY- \$1-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition	
NAME		/ \	6.2 NAME	-				
STREET ADDRESS		(6.3 STREET ADDRESS					
CITY-ST-ZIP	0_0		6.4 CITY-ST-ZIP					
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 innual report or a up lemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name								
information indicated on this change report or a up temental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or directly of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name								