

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 # **G02861** (4)

1. Corporation Name

**ANIMAL EMERGENCY CLINIC OF PALM BEACH COUNTY, IN
C.**



Principal Place of Business

Mailing Address

**C/O THEODORE STECHSCHULTE
2598 FOREST HILL BLVD.
W PALM BCH FL 33406**

**C/O THEODORE STECHSCHULTE
2598 FOREST HILL BLVD.
W PALM BCH FL 33406**

3. Date Incorporated or Qualified

10/04/1982

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **26** **C/O Theodore Stechschulte**

4. FEI Number

59-2230719

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

**STECHSCHULTE, THEODORE
2861 S CONGRESS
LAKE WORTH FL 33461**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

V
GRISWALD, JOHN
1187 ROYAL PALM BCH BLVD
ROYAL PALM BEACH FL

TITLE NAME ☐ DELETE

P
CHAPIN, KEITH
7 HAZARD STREET
GOLFVIEW FL

TITLE NAME ☐ DELETE

S
SAXE, NANCY
3240 LANTANA RD
LANTANA, FL 00000

TITLE NAME ☐ DELETE

TD
STECHSCHULTE, THEODORE
2861 S CONGRESS
LAKE WORTH FL

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

4/4/96

407 965-6100

Date

Daytime Phone #

CR2E034 (12/95)