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 # **G33358** **(4)**

1. Corporation Name
PET HEALTH CENTER, INC.

Principal Place of Business
5593 SW 8 ST.
MIAMI FL 33134

Mailing Address
5593 SW 8 ST
MIAMI FL 33134

3. Date Incorporated or Qualified: 04/13/1983
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21 7250 S.W 8 ST.
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.
24 Zip: 33144 25 County: DADE

2a. Mailing Address
26 1007 FERDINAND ST.
27 Suite, Apt. #, etc.
28 City & State: CORAL GABLES, FL.
29 Zip: 33134 30 County: DADE

4. FEI Number: 59-2299986 — 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
BROUWER, OLINDA MARIA DR.
5560 SW 7TH ST
MIAMI FL 33134

10. Name and Address of New Registered Agent
81 Name: — SAME —
82 Street Address (P.O. Box Number is Not Acceptable): 1007 FERDINAND ST.
83
84 City: CORAL GABLES, FL 85 Zip Code: 33134

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 of Officer or Director of the Corporation) (Signature of Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	BROUWER, OLINDA MARIA DR
STREET ADDRESS	~~5593 SW 8TH ST.~~
CITY-ST-ZIP	~~MIAMI, FL 00000~~
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ 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	1007 FERDINAND STREET
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
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. DR.

SIGNATURE: OLINDA MARIA BROUWER. 305 524 0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — X Daytime Phone Number
1-31-96

CR2E034 (12/95)