FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:01

DOCUMENT # G33960 (7)

1. Corporation Name

JAMES A. PALMER, DVM, P.A.

Principal Place of Business

~~POMPANO EQUINE CLINIC~~
1800 SW 3RD ST.
POMPANO BCH. FL 33069-3106

Mailing Address

1624 E ATLANTIC BLVD
~~1800 SW 3RD ST.~~
POMPANO BCH. FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1983
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 1800 S W. 3rd St.
Suite, Apt #, etc.
22
City & State
23 Pompano Beach, FL
Zip
24 33069
Country
25 Broward

2a. Mailing Address
26 1624 E. Atlantic Blvd.
Suite, Apt # etc.
27
City & State
28 Pompano Beach, FL
Zip
29 33060
Country
30 Broward

4. FEI Number: 59-2292500 ☐ 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

C T CORPORATION.
1200 SOUTH PINE ISLAND ROAD
POMPANO BCH. FL 33060

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 ______ DATE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALMER, JAMES A DVM
STREET ADDRESS	1800 S W 3RD ST
CITY ST ZIP	POMPANO BCH FL
TITLE	S
NAME	MARIOTTI, DEBORAH L.
STREET ADDRESS	1624 E ATLANTIC BLVD
CITY ST ZIP	POMPANO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 ______ Date ______ Daytime Phone #

0424887 FP