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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G33960** **(7)**

1. Corporation Name
JAMES A. PALMER, DVM, P.A.

Principal Place of Business	Mailing Address
1800 SW 3RD ST POMPANO BCH. FL 33069-3106 US	1624 E ATLANTIC BLVD POMPANO BCH. FL 33060-6751 US

3. Date Incorporated or Qualified: 04/19/1983
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21: 1600 S.W. 3rd St.
22: Suite Apt. # etc.
23: City & State: Pompano Bch, Fl
24: Zip: 33069
25: Country: Broward

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	PALMER, JAMES A DVM		1.2 NAME		
STREET ADDRESS	~~1800 S.W. 3RD ST~~ 1624 E. Atlantic Blvd.		1.3 STREET ADDRESS	1624 E. Atlantic Blvd.	
CITY-ST-ZIP	POMPANO BCH FL 33060		1.4 CITY-ST-ZIP	Pompano Bch, Fl 33060	
TITLE	S	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	MARIOTTI, DEBORAH L.		2.2 NAME	Renée A. Palmer, DVM	
STREET ADDRESS	1624 E ATLANTIC BLVD		2.3 STREET ADDRESS	1624 E. Atlantic Blvd	
CITY-ST-ZIP	POMPANO BCH FL 33060		2.4 CITY-ST-ZIP	Pompano Bch, Fl 33060	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 or on an attachment with an address.

SIGNATURE: James A. Palmer 1/24/97 954-785-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143347