FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

JAMES A. PALMER, DVM, P.A.

FILED											
Mar	13	1998	8:00am								
Se	cret	tary of	f State								



Principal Place of Business Mailing Address						il Boil Bibli bibli b		IDIA DIBII IBBI	
1800 SW 3RD ST POMPANO BCH. FL 33069-3106 US		1624 E ATLANTIC BLVD POMPANO BCH. FL 33080 US	1624 E ATLANTIC BLVD POMPANO BCH. FL 33080		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					04/19/1983				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			59-2292500		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_	8.75 A Fee Re	Additional equired	
City & Stat	le	City & State	• .	,	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zíp	Country	Zip	Country	· · · · · ·	8. This corporation owes or has p	hald the current			
24	25	29 30	ו		Personal Property Tax due Jun	ne 30. 🔲 Y	res 🗀] Ňo	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered Age	nt		
(C T CORPORATION.		81	Name					
1200 SOUTH PINE ISLAND ROAD POMPANO BCH. FL 33060			82	Street Addre	ess (P.O. Box Number is Not Accepta	ss (P.O. Box Number is Not Acceptable)			
'	TOMPARO BOTI. PL 33000		83						
			84	City		FL	35 Zip (Code	
11. Pursuant office or agent Ls	to the provisions of Sections 607.05 registered agent, or both, in the State and accept the obligations and accept the obligations.	02 and 607.1508, Florida Statutes, e of Florida. Such change was authors of Section 607.0505. Florid	the above porized by	e-named corp the corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose of che ept the appoint	anging its ment as	s registered registered	
SIGNATURE	Sibrature, typed or printed name of registered ag	mer \		s >>	ed when reinstating)	3 -6 DATE	98	·	
12.		ND DIRECTORS	73.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 12	
TIFLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	PALMER, JAMES A DVM		1.2 NAME						
\$TREET ADDRESS	1624 E ATLANTIC BLVD		1.3 STREET	ADDRESS		•		ļ	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-S	T-ZIP					
TITLE	\$	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	PALMER, RENEE A		2.2 NAME						
STREET ADDRESS	1824 E ATLANTIC BLVD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	POMPANO BCH FL		2. 4 CITY-	ST-ZIP			-	1 4 4 5 5 5	
TITLE		∟ DEL ete	3.1 TITLE			Ц	Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP		DELETE	3.4. CITY - 1	ST-ZIP			Change	Addition	
TITLE		☐ nereie	4.1 TITLE			L	nigilije	LT ANGION	
NAME			4, 2 NAME	4000000	-				
STREET ADDRESS			4.3 STREET 4.4 CITY - S						
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	II ZIF			Change	Addition	
NAME			5.2 NAME		ŧ	_	•		
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S						
TITLE	4	☐ DELE TE	6.1 TITLE	- 411			Change	Addition	
NAME		,	6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
	cortify that the information supplied	with this filing does not qualify for the			Section 119 07/3\(i) Florida Statutes	Liurther certify	that the	information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.