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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G39326

(5)

1. Corporation Name
GERSON ANIMAL HOSPITAL, INC.



Principal Place of Business

% LESLIE H. GERSON
5679 S.W. 137TH AVE.
MIAMI FL 33183-1101

Mailing Address

% LESLIE H. GERSON
5679 S.W. 137TH AVE.
MIAMI FL 33183-1101

3. Date Incorporated or Qualified
05/09/1983

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2280215

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

GERSON, LESLIE
5679 SW 137 AVENUE
MIAMI FL 33183

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

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 PD
NAME GERSON, LESLIE H.
STREET ADDRESS 5679 S.W. 137TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Leslie Gerson

April 24 1997 305 392-2000

ATT: DR. GERSON

4/30/97 CORPORATE DETAIL RECORD SCREEN 10:50 AM
NUM: K35413 ST:FL ACTIVE/FL PROFIT FLD: 09/26/1988
LAST: REINSTATEMENT FLD: 10/21/1996
FEI#: 65-0081433
NAME : GERSON ANIMAL HOSPITAL-MIAMI SPRINGS, INC.
PRINCIPAL: 9 WESTWARD DR.
ADDRESS MIAMI SPRINGS, FL 33166-5255
RA NAME : GERSON, LESLIE
RA ADDR : 9 WESTWARD DR.
MIAMI SPRINGS, FL US
ANN REP : (1994) B 04/28/94 (1995) B 04/14/95 (1996) IY 10/21/96

4/30/97 OFFICER/DIRECTOR DETAIL SCREEN 10:51 AM
CORP NUMBER: K35413 CORP NAME: GERSON ANIMAL HOSPITAL-MIAMI SPRINGS, IN
TITLE: PVS NAME: GERSON, LESLIE
9 WESTWARD DR.
MIAMI SPRINGS, FL
TITLE: TD NAME: GERSON, LESLIE
9 WESTWARD DR.
MIAMI SPRINGS, FL