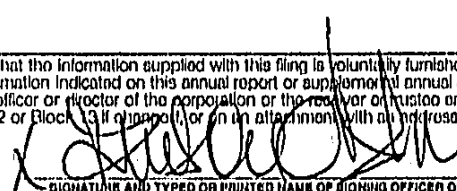


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 95 JUL 14 AM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # G47815 (7) 1. Corporation Name WEST COMMERCIAL ANIMAL HOSPITAL, INC.				
Principal Place of Business 6963 W. COMMERCIAL BLVD. TAMARAC FL 33319		Mailing Address 6963 W. COMMERCIAL BLVD. TAMARAC FL 33319		
2. Principal Place of Business 21		2a. Mailing Address 26		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		
City & State 23		City & State 28		
Zip 24	Country 25	Zip 29	Country 30	
3. Date incorporated or Qualified 07/07/1983		3a. Date of Last Report 06/14/1994		
4. FEI Number 59-2316719		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 MEISLER, SMITH & O'HARE, P.A. 1750 UNIVERSITY DRIVE, SUITE 201 CORAL SPRINGS FL 33021		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10211 West Sample Road #212 83 84 City Coral Springs FL 85 33065		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD SADOWSKI, PAWEŁ M. 2431 BARCELONA DR. FORT LAUDERDALE FL 33301	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SADOWSKI, BARBARA 2431 BARCELONA DR. FORT LAUDERDALE FL 33301	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition	
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 applicable, or in an attachment with an address.		Deposited by Bank AT		
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Director 6.12.95 (305) 722-2100 _____ Date (Month/Day/Year)		