

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G70765** (4)

1. Corporation Name

ATLANTIC ANIMAL CLINIC, P.A.



Principal Place of Business

Mailing Address

% JAMES M. WILSON
1390 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

% JAMES M. WILSON
1390 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

~~James M. Wilson~~
Suite, Apt. #, etc.

~~James M. Wilson~~
Suite, Apt. #, etc.

22 ~~35 N.E. 25th Ave~~
City & State

27 ~~35 N.E. 25th Ave~~
City & State

23 ~~Pompano Beach, FL~~
Zip Country

28 ~~Pompano Beach, FL~~
Zip Country

24 ~~33062~~ 25 ~~Broward~~

29 ~~33062~~ 30 ~~Broward~~

9. Name and Address of Current Registered Agent

WILSON, JAMES M.
1390 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

81 Name **James M. Wilson**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **35 N.E. 25th Ave**

84 City **Pompano Beach** FL 85 Zip Code **33062**

3. Date Incorporated or Qualified
01/01/1984

3a. Date of Last Report
01/19/1995

4. FEI Number
59-2348600

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

10. Name and Address of New Registered Agent

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

James M. Wilson, President

2/10/96

12. OFFICERS AND DIRECTORS

TITLE ~~SDP~~ ☒ DELETE
NAME **WILSON, JAMES M**
STREET ADDRESS **1390 S FED HWY**
CITY - ST - ZIP **POMPANO BCH FL**

TITLE ~~T~~ ☒ DELETE
NAME **WILSON, JAMES M**
STREET ADDRESS **1390 S FEDERAL HIGHWAY**
CITY - ST - ZIP **POMPANO BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~SDP~~ ☒ Change ☐ Addition
1.2 NAME **Wilson, James M**
1.3 STREET ADDRESS **35 NE 25th Ave**
1.4 CITY - ST - ZIP **Pompano Beach, FL**

2.1 TITLE ~~T~~ ☒ Change ☐ Addition
2.2 NAME **Wilson, James M**
2.3 STREET ADDRESS **35 N.E. 25th Ave.**
2.4 CITY - ST - ZIP **Pompano Beach, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

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:

James M. Wilson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

Date

Day/Mo/Phone #

CR2E034 (12/95)