

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandira 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

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

2. Principal Place of Business 2a. Mailing Address
22. **James M. Wilson** 26. **James M. Wilson**
Suite, Apt. #, etc. Suite, Apt. #, etc.
23. **35 N.E. 25th Ave** 27. **35 N.E. 25th Ave**
City & State City & State
24. **Pompano Beach, FL** 28. **Pompano Beach, FL**
Zip Country Zip Country
25. **Browards** 29. **33062** 30. **Pompano**

9. Name and Address of Current Registered Agent
WILSON, JAMES M.
1390 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
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**

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* DATE **2/10/96**
Signature and typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	SDP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES M	
STREET ADDRESS	1390 S FED HWY	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES M	
STREET ADDRESS	1390 S FEDERAL HIGHWAY	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE: **2/10/96**
Signature and typed or printed name of signing officer or director Date Day, mo, Year

CR2E034 (12/95)