

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J00578

(1)

1. Corporation Name

JUPITER ANIMAL HOSPITAL, INC.

Principal Place of Business

426 WEST INDIANTOWN RD.
JUPITER FL 33458

Mailing Address

426 WEST INDIANTOWN RD.
JUPITER FL 33458



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

MITCHELL, DALE
426 WEST INDIANTOWN RD.
JUPITER FL 33458

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 607.04 and 607.05, 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 provisions of Sections 607.04 and 607.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PST
MITCHELL, DALE
426 INDIANTOWN ROAD
JUPITER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information appearing in this form is a true and correct statement of the corporation's officers and directors, and that the information is true and correct. I further certify that the information included on this form is a true and correct statement of the corporation's officers and directors, and that the information is true and correct. I am an officer or director of the corporation, and my signature and name are required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this form.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)