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 # **K34813** **(1)**

1. Corporation Name

BOCA GREENS ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
C/O BRIAN D BOSS 19605 D US 441 BOCA RATON FL 33498	C/O BRIAN D BOSS 19605 D US 441 BOCA RATON FL 33498

3. Date Incorporated or Qualified: **09/28/1988**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0071655** ☐ 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
21 19357 S. State Road 7	26 19357 S. State Road 7
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton, FL	28 City & State: Boca Raton, FL
24 Zip: 33498 25 County:	29 Zip: 33498 30 Country:

9. Name and Address of Current Registered Agent

BOSS, BRIAN D.
19605-D US 441
BOCA RATON FL 33498

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 607.1502, 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, Sections 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	BOSS, BRIAN D.		12 NAME		
STREET ADDRESS	19605 D STATE ROAD 7		13 STREET ADDRESS	19357 S. State Road 7	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	BOSS, TOVE H.		22 NAME		
STREET ADDRESS	19605-D STATE ROAD 7		23 STREET ADDRESS	19357 S. State Road 7	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate; that my signature does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report or is otherwise entered in the records.

SIGNATURE: X Brian Boss Brian Boss 3/27/96 (407) 4826308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #