FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BOSS, BRIAN D.

BOCA RATON FL 33498

19357 S SR 7



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K34813 1. Corporation Name

BOCA GREENS ANIMAL HOSPITAL, INC.

Mailing Address Principal Place of Business 19357 S STATE ROAD 7 19357 S STATE ROAD 7 **BOCA RATON FL 33498** BOCA RATON FL 33498 DO NOT WRITE IN THIS SPACE IIS US 3. Date Incorporated or Qualifed 09/28/1988 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-007 1655 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

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 of fice of régistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83 84 City

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

Signature, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature requi-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE TITLE BOSS, BRIAN D. 1.2 NAME NAME STREET ADDRESS 19357 S STATE ROAD 7 1.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** ☐ DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME BOSS, TOVE H. NAME 2.3 STREET ADDRESS 19357 S STATE ROAD 7 STREET ADDRESS 2. 4 CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIF Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 51 TITLE TITLE: 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE Subb Bhisal J TITLE gare man and NAME . **张达尔里**斯克 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90036 005 ***150.00

(11/98) R2E034

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zin Code

85

□ No

Not Applicable

8