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 # **K67812** **(3)**

1. Entity Name
BOCA VILLAGE ANIMAL HOSPITAL, INC.

Principal Place of Business
VILLAGE CORNER STORES #110
6060 SW 18TH STREET
BOCA RATON FL 33433

Mailing Address
VILLAGE CORNER STORES #110
6060 SW 18TH STREET
BOCA RATON FL 33433

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26
27
28
29 30

3. Date Incorporated or Qualified
02/13/1989

3a. Date of Last Report
01/13/1995

4. FEI Number
65-0100992
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation subject to liability for intangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MOURIZ, LAZARO J
BOCA VILLAGE ANIMAL HOSPITAL
6060 SW 18TH ST. #110
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0505, 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. I am familiar with and accept the obligations of my position as registered agent. I am

Signature

12. Officers and Directors

DP
MOURIZ, MARY ELIZABETH
5001 N.W. 103RD AVE.
CORAL SPRINGS FL

DVT
MOURIZ, LAZARO J.
5001 N.W. 103RD. AVE.
CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby 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 13 above, or on an attachment with an entry identifying me as a new officer or director.

SIGNATURE: *Mary Elizabeth Mouriz D.V.M.* 1/21/96 (407)391-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)