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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K83292

1. Corporation Name

(8)

DVM MANAGEMENT & LEASING ASSOCIATES, INC.

- Principal Disco	District Division (O. Sierre)									
Principal Place of Business Mailing Address 3081 E COMMERCIAL BLVD 3081 E COMMERCIAL BLVD										
3081 E COMMERCIAL BLVD RM 105		RM 105								
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 3330							3. Date Incorporated or Qualified			
2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address 26				4. FEI Number	<u></u>		oplied For
21		26					65-0121862	Nc	ot Applicable	
Suite, Apt. #	t, etc	Suite /	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					U DAMINGTO DI GRADO D'ON CO		Fee Re	<u> </u>
City & State		City &	City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23		28		1 0			Trust Fund Contribution	Ц		
Zip TTT	Country	Zip		Cour	ııry		8. This corporation has liability for Florida Statutes	ntangible t] Yes [_	ax under 6. Listo	. 199.032,
24	25 9. Name and Address of Curre	29 ant Registered A	gent	30			10. Name and Address of New Re			
KUB	ELOWITZ, HARVEY				B1	Name		•	<u> </u>	
	SOUTHEAST THIRD AVENUE			<u> </u>		ā	4000	1-5		
	E 100				62	Street Addi	ress (P.O. Box Number is Not Acceptate	ie)		
	LAUDERDALE FL 33316			t	B3					
, , , ,	DAGGETIPALE I E GOGIO			Ļ		A			T22T 5::::	0.4-
					64	City		FL	85 Zip (Code
11. Pursuant tr	o the provisions of Sections 607.05	502 and 607.1508	, Florida Stat	utes, the ab	ove-	named corp	poration submits this statement for the p	urnose of	changing it	is registered
er to eciflo	egistered agent, or both, in the Sta	te of Florida, Such	h change wa: nn 607 0505 1	s authorized Florida Stati	l by t ites.	he corporal	tion's board of directors. I hereby accep	ot the appo	intment as	registered
	Willia Willia and addopt the obi	igations of bootis	.,, 007.5000,	TOTAL DEGLE						
SIGNATURE 5	Signature, typed or printed name of registered a	igent and title if applicat	sie (N	OTE: Registered	Agent	algnature requi	ked when reinstaling)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
T-TLF	VPD		☐ DELETÉ	1.1 TIT	LE		•	,	Change	Addition
NAME	MINK, DK			1.2 NA	ME					
STREET ADDRESS	2801 N COURSE #208			1.3 STI	reet ai	DDRESS				
City -ST-7#	POMPANO BEACH FL		T	1.4 C/T		ZIP			Observe	T Salara
TITLE	DP		☐ DELETE	2.1 TIT					Change	Addition
NAME	USDAN, VIKKI			2.2 NA						
STREET ADDRESS	7500 BRISTON LN PARKLAND FL					DDRESS	٠.			
CITY-ST-7IP	PARICIAND FL		DELETE	2 4 01	•	- ZIP			Change	Addition
THLE			☐ DECEM	3 1 TIT 3.2 NA		•			Creatige	L. J AUGINON
NAME:						DDAESS				
STREET ADDRESS				3.4. Ci						
CITY - ST - ZIP TITLE			DELETE	4.1 717		- LIF			Change	Addition
NAME				4.2 N		1		•		
STREET ADDRESS						DORESS				
CITY - ST - ZIP				4.4 CIT						
TILE			DELETE	5.1 TIT					Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 \$1	REET A	DORESS				
CITY - S1 - ZIP				5.4 Cf1	TY - ST -	ŽIP				
			DELETE	6.1 717	LE				Change	Addition
TITLE				6.2 NA	ME					
TITLE NAME										
				6.3 ST	REET A	DDRESS				
NAME STREET ADDRESS CHY+ST-ZIP				6.4 CI	y st	ZIP/7	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same leg- ort as required by Chapter 607, Florida s	- h	****	