

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
Tallahassee, FL 32399-0400

**APPROVED
AND
FILED**

95 MAY -1 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00757

(9)

1. Corporate Name

NORTH PALM ANIMAL CLINIC, INC.

Principal Place of Business

**C/O DR. A. MATHEW
613 NORTH LAKE BLVD
NORTH PALM BEACH FL 33408**

Mailing Address

**C/O DR. A. MATHEW
613 NORTH LAKE BLVD.
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date this report filed or supplied **07/07/1989** 3a. Date of last report **07/05/1994**

4. FE Number **65-0136357** 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. 193.012, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATHEW, DR. A.
613 NORTH LAKE BLVD.
NORTH PALM BEACH FL 33408**

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 193.012 and 193.013, Florida Statutes, the above named corporation certifies 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the new registered agent, Florida Statutes.

SIGNATURE

Signature of Officer, Agent, Director, or Secretary

Signature of Secretary of State or Designated Agent

12

OFFICER, AGENT, DIRECTOR, OR SECRETARY

ADDITIONAL CHANGE OF OFFICER, AGENT, DIRECTOR, OR SECRETARY

12.1 NAME D MATHEW, DR. A. 613 NORTH LAKE BLVD. N. PALM BEACH FL	12.2 NAME	12.3 NAME	12.4 NAME	12.5 NAME	12.6 NAME	12.7 NAME	12.8 NAME	12.9 NAME	12.10 NAME	12.11 NAME	12.12 NAME	12.13 NAME	12.14 NAME	12.15 NAME	12.16 NAME	12.17 NAME	12.18 NAME	12.19 NAME	12.20 NAME
12.1 STREET ADDRESS	12.2 STREET ADDRESS	12.3 STREET ADDRESS	12.4 STREET ADDRESS	12.5 STREET ADDRESS	12.6 STREET ADDRESS	12.7 STREET ADDRESS	12.8 STREET ADDRESS	12.9 STREET ADDRESS	12.10 STREET ADDRESS	12.11 STREET ADDRESS	12.12 STREET ADDRESS	12.13 STREET ADDRESS	12.14 STREET ADDRESS	12.15 STREET ADDRESS	12.16 STREET ADDRESS	12.17 STREET ADDRESS	12.18 STREET ADDRESS	12.19 STREET ADDRESS	12.20 STREET ADDRESS
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13.1 NAME	13.2 NAME	13.3 NAME	13.4 NAME	13.5 NAME	13.6 NAME	13.7 NAME	13.8 NAME	13.9 NAME	13.10 NAME	13.11 NAME	13.12 NAME	13.13 NAME	13.14 NAME	13.15 NAME	13.16 NAME	13.17 NAME	13.18 NAME	13.19 NAME	13.20 NAME
13.1 STREET ADDRESS	13.2 STREET ADDRESS	13.3 STREET ADDRESS	13.4 STREET ADDRESS	13.5 STREET ADDRESS	13.6 STREET ADDRESS	13.7 STREET ADDRESS	13.8 STREET ADDRESS	13.9 STREET ADDRESS	13.10 STREET ADDRESS	13.11 STREET ADDRESS	13.12 STREET ADDRESS	13.13 STREET ADDRESS	13.14 STREET ADDRESS	13.15 STREET ADDRESS	13.16 STREET ADDRESS	13.17 STREET ADDRESS	13.18 STREET ADDRESS	13.19 STREET ADDRESS	13.20 STREET ADDRESS
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14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 193.012(4)(b), Florida Statutes. I further certify that the information included 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 new owner or trustee empowered to execute this report as required by Chapter 661, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with its address.

SIGNATURE: *Abraham McKelvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/95