

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Monrton Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # L06960 (3) 1. Corporation Name ANIMAL MEDICAL CENTER, INC.

Principal Place of Business 1625 MARTIN HWY. #714 PALM CITY FL 34990 US	Mailing Address 1624 MARTIN HWY #714 PALM CITY FL 34990 US
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 08/03/1989	3a. Date of Last Report 07/11/1994
---	--

4. FEI Number 65-0135206	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	

9. Name and Address of Current Registered Agent FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY #714 STUART FL 34994

10. Name and Address of New Registered Agent 01 Name PODERSKI, KAROL A. 02 Street Address (P.O. Box Number is Not Acceptable) 1625 MARTIN HWY #714 03 04 City PALM CITY FL 05 Zip Code 34990
--

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 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, Section 607.0505, Florida Statutes.

SIGNATURE Karol A. Poderski KAROL A. PODERSKI 4-5-95
(Signature typed or printed name of registered agent and date of filing) (DATE Registered Agent signature is given when filing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PODERSKI, KAROL A.
STREET ADDRESS	2998 SW PALM BROOK CT
CITY ST ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Karol A. Poderski KAROL A. PODERSKI 4-5-95 (407) 287-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number