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

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **L40657**

JON J. RAPPAPORT, D.V.M., AND DONALD S. PEARL, D .V.M., AVENTURA ANIMAL HOSPITAL, P.A.

Principal	Place	ọf	Business

Mailing Address

## **FILED** Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90007 029 \*\*\*150.00



19125 BISCAYN		19125 BISCAYNE BLVD. NORTH MIAMI BEACH FL	22120								
NORTH MIAMIT	BEACH FL 33180	NOTED MIAME DEACH FL	33100			DO NOT WRITE	E IN THIS SE	ACE			
Í						3. Date incorporated or Qualifed 12/29/1989					
					12/29/1909 4. FEI Number		1 000	lied For			
	<u> </u>					65-0164333		J	Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						00 0 104000		\$8.75 A			
22 Suite, Apt.	City & State City & State					5. Certifcate of Status Desired		Fee Re	quired		
City & Stat						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country Zip Country  25 29 30				8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No						
4   25   29   30   1   29   30   1   29   30   29   30   30   30   30   30   30   30   3						10. Name and Address of New Re	gistered Ag	ent			
				31	Name		<u> </u>				
RAPI	DADODT JON I	erane e e e e e e e e e e e e e e e e e e									
1912	5 BISCAYNE BLVD.		8	32	2 Street Address (P.O. Box Number is Not Acceptable)						
19125 BISCAYNE BLVD:			8	33							
☀ . %.	•		8	34	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FI	85 Zip C	odê		
Las Durevent	to the provisions of Sections 507 0502	and 607 1508. Florida Statu	tes the abo	างค-เ	named corpo	pration submits this statement for the o	urpose of cha	anging its	registered		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida. Such change was a	authorized b	by th	e corporation	n's board of directors. I hereby accept	the appointm	ent as rec	istered		
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	onda Statute	es.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT)	E: Basistared &	cent o	ionatura required	when reinstating)	DATE		<del></del> .		
12.	OFFICERS AND		13.	your s	Allatare redoined	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12		
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inte 1000	Pagogradou	☐ DELETE	3.1 TITLE	E		•	L	] Change	☐ Addition		
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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 of 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 an attachment with an address, with all other like empowered.