

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90011 010 ***150.00

DOCUMENT # L40657



1. Entity Name

**JON J. RAPPAPORT, D.V.M., AVENTURA ANIMAL
HOSPITAL, P.A.**

Principal Place of Business

**19101 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33180**

Mailing Address

**C/O TURNBERRY ASSOCIATES
19501 BISCAYNE BLVD. - BLDG.#400
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0164333**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**SOFFER, MARSHA
19501 BISCAYNE BLVD #400
AVENTURA 39 FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity 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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME **RAPPAPORT, JON J.**
STREET ADDRESS **19501 BISCAYNE BLVD., # 400**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marsha Soffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04
Date

305-937-6200
Daytime Phone #