

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40657

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

19101 BISCAYNE BLVD  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

AVENTURA ANIMAL HOSPITAL  
19501 BISCAYNE BLVD. - SUITE #400  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0164333      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KARSON, JACK E  
19501 BISCAYNE BLVD #400  
AVENTURA 39, FL 33180    US

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.

SIGNATURE: JACK E KARSON

04/01/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAPPAPORT, JON J.  
Address: 19501 BISCAYNE BLVD., # 400  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON J RAPPAPORT

D

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date