ANNU	PROFIT PORATION IAL REPORT		Sandr Secre	PARTMENT OF STATE. IA B Mortham Letary of State F CORPORATIONS		
OCUN Corporation	MENT # MC	7069	(1))		
CROS	SROADS ANIMAL HO	SPITAL AT	KENDALL, INC	•	1 1881 ST 11 11 88 11 1 1881 8 8 11 1	IAS 1811 BEBY BEBY BEBY BEBY BEBY BEBY BY BY
rincipal Place	of Business	 Ma	ailing Address			
11622 S.W. 88TH STREET MIAMI FL 33176			11622 S.W. 88TH ST MIAMI FL 33176	TREET		
					3. Date Incorporated or Qualified 10/29/1984	3a. Date of Last Report 04/28/1995
Principal Pla	ce of Business	F1	Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	, etc.	26	Suite Apt. #, etc.	······································	59-2482131	Not Applicable
City 9 Card		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country 25	29	Ζιρ	Gountry 30	This corporation has liability for Florida Statutes Yes	
	9. Name and Address of		tered Agent		10. Name and Address of New F	
SUITE 1	ONCE DE LEON BLVD. 040 GABLES FL 33134			83 84 City		95 Zry Code
Pursuant to or registerer familiar with	040 GABLES FL 33134 The provisions of Sections 6 d agent, or both, in the State in, and accept the obligations	of, Section 607.0	0505, Florida Statutes	84 City	poration submits this statement for the pur pard of directors. Thereby accept the app	FL 85 Zip Code pose of changing its registered office cintment as registered agent. I am
Pursuant to or registerer familiar with	040 GABLES FL 33134 If the provisions of Sections 6 d agent, or both, in the State in, and accept the obligations	of, Section 607.0	0505, Florida Statutes	84 City tes, the above-named corporate by the corporation's bos	perd or directors. I hereby accept the app	pose of changing its registered office continuent as registered agent. I am
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SIGNATURE: JSIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

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