

4-7-95 B-3120-C

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95 APR -7 AM 4:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS



DOCUMENT # M43451 (7) 1. Corporation Name WESTBIRD ANIMAL HOSPITAL, INC.

Principal Place of Business 11439 SW 40 STREET MIAMI FL 33165-3311 Mailing Address 11439 SW 40 STREET MIAMI FL 33165-3311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1986 3a. Date of Last Report 02/15/1994 4. FEI Number 59-2746764 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 MARTINEZ, LISARDO J. JR. 15013 S.W. 65 TERR. MIAMI FL 33193 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature of person named in the registered office and the applicable (If the Registered Agent is a corporation, the signature must be of an officer or director.) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Martinez, Lisardo J., Sr. and Martinez, Carmen R.

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (1)(b)(3)(b), 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 the 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: Carmen R. Martinez CARMEN R. MARTINEZ 4/4/95 221-3105