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PROFIT CORPORATION ANNUAL REPORT

1998

DN DRT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M74829

(6)

NARANJA LAKES ANIMAL CLINIC, INC.

FILED
May 07 1998 8:00am
Secretary of State

		ic, inc.									
Principal Place	of Business	Mailing Address	s				10040001 114 10011 B	IBBH ABAID IIDAG H		BLEIS BIELL BI	
27311 S. DIXII HOMESTEAD	2 AVE.			1							
HOMESTEAD FL 33032 HOMESTEAD FL 33031 US US							DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated 04/01/1988	or Qualified			
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4.	FEI Number			A	pplied For
21		26					65-0048208				ot Applicable
Suite, Apt.	f, etc	Suite, Apt. #	t, etc.				Certificate of Statu	e Decired			Additional
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City & State	· ·	City & State					Electi on Ca mpaigr	•			May Be
23		28]					Trust Fund Contrib		Ц		to Fees
Zip	Country	Žip	}	Country			This corporation of	•	_	_ ' -	_ ~
24	25 Name and Address of Cur	29		30			Personal Property Name and Addres				_] No
	. <u> </u>	rent negistered Agent		81	Name	10.	Hame and Addies	S UI HOW NO	yistorou i	- Sport	
	D se k, gail a 10 5 SW 182 Ave			82		Address (P	O. Box Number is	Not Accental	nle)		<u>.</u>
НО	MESTEAD FL 33031			"	0110007	(1) 200100	O. 202 110111201 10	rioi rioopiui	0.07		
				83							
					Cau					ar l Zio	Codo
				84	City				FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.0 ogistered agent, or both, in the St	0502 and 607.1508, Flori	ida Statute	s, the above	-named	corporation	submits this state	ment for the p	purpose of	changing i	ts registered
office or re	egistered agent, or both, in the St in familiar with, and accopt the ob-	ate of Florida. Such chai bligations of, Section 607	nge was a	uthorized by rida Statutes	the corp	poration's bo	oard of directors. I	hereby acce	pt the app	ointment as	registered
agent Lag											
agent. I an			10000, 710								
agent. I an SiGNATURE	Signature, typed or printed name of registered			: Registered Ager		required when r	einstatin o)	,	DATE		
agent. I an SiGNATURE	OFFICERS.	Rigent and title if applicable.	(NO1E				einstating) DDITIONS/CHANG	SES TO OFFIC			
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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 this 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.

CICNATURE.