

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000023532 (3)
 1. Corporation Name
CENTRAL PARK ANIMAL CLINIC, P.A.



Principal Place of Business: **10013 CLEARY BLVD PLANTATION FL 33324 US**
 Mailing Address: **1931 N. PINE ISLAND RD. PLANTATION FL 33322 US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc | 26 | Suite, Apt. #, etc. | 03/29/1993 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 65-0410368 | |
| 24 | Country | 29 | Country | Applied For | |
| 25 | | 30 | | Not Applicable | |
| 9. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired | |
| BAUMWELL, LORI 2410 NORTH UNIVERSITY DR. SUNRISE FL 33322 | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 10. Name and Address of New Registered Agent | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 1931 N PINE ISLAND RD | |
| 83 | |
| 84 City | 85 Zip Code |
| PLANTATION | FL 33322 |

11. Pursuant to the provisions of Sections 607.0602 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 the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *Lori Baumwell* DATE: 3/2/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUMWELL, PETER | 1.2 NAME | |
| STREET ADDRESS | 2410 N. UNIVERSITY DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEST, CYNTHIA L. | 2.2 NAME | |
| STREET ADDRESS | 10013 CLEARY BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 2.4 CITY-ST-ZIP | |
| TITLE | TS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUMWELL, LORI | 3.2 NAME | |
| STREET ADDRESS | 2410 N UNIVERSITY DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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.

SIGNATURE: *Lori Baumwell* DATE: 3/2/98 954 474 3500

CR2E034 (10/97)