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PROFIT -CORPORATION `~ ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023532

1. Corporation Name

CENTRAL PARK ANIMAL CLINIC, P.A.

Principal Place	e of Business	Ma	iling Address			_		i borti aniis i	### 14101 BISE	0 11110 E101 1481
10013 CLEARY BLVD 1931 N. PINE ISLAND RD.).						
PLANTATION FL 33324 PLANTATION FL 33322							DO NOT WOITE	- IN TURO	70405	
us · us							DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualified 03/29/1993			
0 0	Han of Durings	10	Mailing Address			_	4. FEI Number			plied For
———	lace of Business	⊢ ¬	Mailing Address				65-0410368			ot Applicable
Suite, Apt, #, etc.		26	Suite, Apt. #, etc.				03 04 10308			Additional ==
22		27	27				5. Certificate of Status Desired	()		equired
City & State		1211	City & State				6. Election Campaign Financing		\$5:00	May Be
23		28	,				Trust Fund Contribution			to Fees
Zip	Country	1-51	Zip	Cal	untry		8. This corporation owes the current	nt vear Inta	ngible	
24	25	29	•	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Regist	ered Agent		Ţ		10. Name and Address of New Re	gistered A	gent	
					81	Name			•	1
BAUMWELL, LORI					82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	1 N PINE ISLAND RD				1	G. COL Field	Gross (1.10; Box (Idilibs) is (10)) is expense	,		
PLA	NTATION FL 33322				83					
					84	City			85 Zip	Code
					04	City	•	FL	63 Zip	
office or r	egistered agent, or both, in the State	of Florid	a. Such change was		o bv		tion's board of directors. I hereby accept	tne appoin	tment as re	kaisierea i
SIGNATURE	m familiar with, and accept the obligations of the obligation of t	ations of,	applicable (NO	orida Stat	tutes. d Agen		red when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ations of,	Section 607.0505, F applicable (NO: CTORS	E: Registered	tutes. d Agen			DATE	DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ations of,	applicable (NO	re: Registered	d Agen		red when reinstating)	DATE		
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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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP