

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000023542 (2)**

1. Corporation Name

**WE CARE ANIMAL CLINIC, P.A.**



|   |   |
|---|---|
| Principal Place of Business                           | Mailing Address                                       |
| <b>2410 NORTH UNIVERSITY DR.<br/>SUNRISE FL 33322</b> | <b>2410 NORTH UNIVERSITY DR.<br/>SUNRISE FL 33322</b> |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 Suite, Apt #, etc.          | 26 Suite, Apt #, etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip                         | 28 Zip                |
| 24 Country                     | 29 Country            |
| 25                             | 30                    |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>03/29/1993</b>  | 3a. Date of Last Report<br><b>04/06/1995</b> |
| 4. FEI Number<br><b>65-0410371</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**BAUMWELL, LORI  
2410 NORTH UNIVERSITY DR.  
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Type or print name of registered agent and date applicable) (Type or print name of registered agent and date when ready to sign) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  | DELETE                   |
|----------------------------|----------------------------------|--------------------------|
| TITLE                      | <b>DP</b>                        | <input type="checkbox"/> |
| NAME                       | <b>BAUMWELL, PETER</b>           |                          |
| STREET ADDRESS             | <b>2410 NORTH UNIVERSITY DR.</b> |                          |
| CITY - ST - ZIP            | <b>SUNRISE FL</b>                |                          |
| TITLE                      | <b>DST</b>                       | <input type="checkbox"/> |
| NAME                       | <b>BAUMWELL, LORI</b>            |                          |
| STREET ADDRESS             | <b>2410 N. UNIVERSITY DR.</b>    |                          |
| CITY - ST - ZIP            | <b>SUNRISE FL</b>                |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 11 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME   |  |                          |                          |
| 13 STREET ADDRESS                                     |  |                          |                          |
| 14 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME   |  |                          |                          |
| 23 STREET ADDRESS                                     |  |                          |                          |
| 24 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME   |  |                          |                          |
| 33 STREET ADDRESS                                     |  |                          |                          |
| 34 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME   |  |                          |                          |
| 43 STREET ADDRESS                                     |  |                          |                          |
| 44 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME   |  |                          |                          |
| 53 STREET ADDRESS                                     |  |                          |                          |
| 54 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME   |  |                          |                          |
| 63 STREET ADDRESS                                     |  |                          |                          |
| 64 CITY - ST - ZIP                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, 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** *Lori Baumwell* 5/31/96 305 741 5101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)