FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # P94000016362 (3)

1. Corporation Name

HAVEN EQUINE DENTISTRY, INC.

Principal Place of Business	Mailing Address
7840 NW 50 ST., #405 LAUDERHILL FL 33351	7840 NW 50 ST., #405 LAUDERHILL FL 33351

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0471736 — Applied For / Not Applicable

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

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

MERCHANT, MOHAMED Z
7840 NW 50 ST., #405
LAUDERHILL FL 33351

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAVEN, JESSE R
STREET ADDRESS	4719 NW 49 PL.
CITY, ST, ZIP	TAMARAC FL 33319
TITLE	D
NAME	HAVEN, ANNE F
STREET ADDRESS	4719 NW 49 PL.
CITY, ST, ZIP	TAMARAC FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in ... 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: Jesse R. Haven — 2/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0230280 CP