

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000021607 (4)

1. Corporation Name

RENEE E. CARLETON, DVM, P.A.



Principal Place of Business

1207 N.E. 1ST AVE.  
FT. LAUDERDALE FL 33304-1906

Mailing Address

1207 N.E. 1ST AVE.  
FT. LAUDERDALE FL 33304-1906

3. Date Incorporated or Qualified  
03/21/1994

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 3266 W. Buena Vista Dr.  
Suite, Apt. #, etc.

26 3266 W. Buena Vista Dr.  
Suite, Apt. #, etc.

4. FEI Number

65-0475678

Applied For

Not Applicable

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

22 City & State  
Margate, FL

27 City & State  
Margate, FL

23 Zip  
33063

Country  
USA

28 Zip  
33063

Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLETON, RENEE E  
1207 N.E. 1ST AVE.  
FT. LAUDERDALE FL 33304-1906

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3266 W. Buena Vista Dr.

83

84 City  
Margate

FL

85 Zip Code  
33063

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

*Renee E. Carleton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CARLETON, RENEE E  
STREET ADDRESS 1207 N.E. 1ST AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33304-1906

TITLE VICE-PRESIDENT ☐ DELETE  
NAME MICHAEL BLOCK  
STREET ADDRESS 830 NE 18 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3266 W. Buena Vista Dr  
1.4 CITY-ST-ZIP Margate, FL 33063

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

*Renee E. Carleton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

(954)978-9003

Daytime Phone #

CR2E034 (12/95)