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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022874 (9)**

1. Corporate Name
**ACADEMY ANIMAL HOSPITAL OF BOCA, INC.**

Principal Place of Business
23257 STATE RD. 7
SUITE 209
BOCA RATON FL 33428

Mailing Address
23257 STATE RD. 7
SUITE 209
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7074 BERAONSA WAY
Suite Apt. #
22
City & State
23 Boca Raton FL
24 33433 25 USA

2a. Mailing Address
26 7074 BERAONSA WAY
Suite Apt. #
27
City & State
28 Boca Raton FL
29 33433 30 USA

4. FEI Number: [ ] 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 family or employee fair practices under 5 U.S.C. United States Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
RITTER, GREGORY J
7000 WEST PALMETTO PARK RD.
SUITE 400
BOCA RATON FL 33433

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 Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. [illegible] the corporation's Board of Directors, I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | LEDER, SAMUEL E |
| ADDRESS | 23257 STATE RD. 7, #209 |
| CITY | BOCA RATON FL 33428 |
| TITLE | D |
| NAME | HARVEY, SHARON B |
| ADDRESS | 23257 STATE RD. 7, #209 |
| CITY | BOCA RATON FL 33428 |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

7/24

14. I hereby certify that the information supplied with this report, updated, amended and corrected as of date, is true and complete. Subject to penalties under Section 817.155, Florida Statutes. I further certify that I am a director, officer or agent of the corporation or the person designated to execute the report or responsible for the report under Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Section 607.0120, Florida Statutes.

**SIGNATURE:** [signature] 4/21/95 407-394-8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0255000 CP