FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



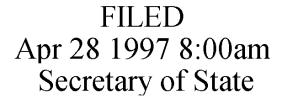
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997	CONT.	DIVISION OF		
DOCUMENT # 1. Corporation Name	P94000022874	(9)		

ACADEMY ANIMAL HOSPITAL OF BOCA, INC.





Principal Pace	e of Business	Mailing Address			s annisanti seh kaesa banta dilita Abses das	TY MANETA TOREM TIMME EMEST DAME	ic files tells	
7074 BERACAS BOCA RATON US		7074 BERACASA WAY BOCA RATON FL 33433-3441 US	7					
					 Date Incorporated or Qualified 03/24/1994 	3a. Date of Last F 04/09/1996	Report :	
	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
	W. Rogers Circle	26 6530 W. Roy	gers Ci	rcle	65-0489311	N	ot Applicable	
Suite, Apt. 22 Suite	. ,	Suite, Apt. #, etc. 27 Suite #31			5. Certificate of Status Desired	1 4	Additional equired	
City & State 23 Boca	e Raton, FL	City & State 28 Boca Raton	, FL		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country		a. This corporation has liability for	intangible tax under	s. 199.032,	
24 33487			0 USA			Yes No		
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered Agent		
	TER, GREGORY J	•	81 Na	me				
7000 WEST PALMETTO PARK RD. SUITE 400			82 Str	82 Street Address (P.O. Box Number is Not Acceptable)				
	CA RATON FL 33433		83					
			84 Cit			85 Zip	Code	
						FL C		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida Such change was au	thorized by the	corporation	ation submits this statement for the 's board of directors. I hereby acce	pt the appointment as	registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE:	Registered Agent sign	alure required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	☐ DELETE	1.1 TITLE	4.50	0 W. Rogers Circ	Change	Addition # 2.1	
NAME	LEDER, SAMUEL E		1.2 NAME	} -	o w. Kogers circ	ie, surce	#31	
STREET ADDRESS	23257 STATE RD. 7, #209 BOCA RATON FL 33428		1.3 STREET ADDRE	Boc	a Raton, FL 334	.87		
C-TY - ST - ZIP	D DOOR HATON TE 30420	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	_		2d Change	Addition	
NAME	HARVEY, SHARON B	Lad Occur	2.2 NAME	652	0 W. Rogers Circ			
STREET ADDRESS	23257 STATE RD. 7, #209		2.3 STREET ADORE	:55		_	" 31	
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP	Boc	a Raton, FL 334	.87		
TITLE		DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME	Ì		-	Ì	
STREET ADDRESS			3 3 STREET ADDRE	ss				
CITY-ST-ZIF			3 4. CITY - ST - ZIP					
TITLE		DELETE	4.1 TITLE			☐ Change	Addition	
NAME ,			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	:ss				
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRE	ess				
Dity-St-ZiP		T laster	54 CITY-ST-ZIP			TT ac.	f fame	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRE	ESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Section 119 07(3)(i) Florida Statut			

I do 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, or on an attachment with an address.

SIGNATURE:

4/18/97 561-995-7878