

**CORPORATION
ANNUAL REPORT
1995**

NOTES: INFORMATION OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000023286 (5)

1. Corporation Name

CHAPEL TRAIL ANIMAL CLINIC, INC.

95 MAY -1 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8400 N. UNIVERSITY DR.
TAMARAC FL 33321**

Mailing Address

**8400 N. UNIVERSITY DR.
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

65-0508305

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. 109 (1)(2)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 18419 Pines Blvd.

2a. Mailing Address

26 1489 W. Palmetto Park Rd.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

23 Pembroke Pines, FL

City & State

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33029

25 US

29 33486

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTOR, SAMUEL J

**8400 N. UNIVERSITY DR.
TAMARAC FL 33321**

81 Name

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

**1489 W. Palmetto Park Road
Suite 485**

83 City

BOCA RATON

FL

85 Zip Code

33486

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 obligation of, Section 607.006, Florida Statutes.

SIGNATURE

Samuel J. Cantor

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Steven Berg
STREET ADDRESS	18419 Pines Blvd
CITY, ST, ZIP	Pembroke Pines, FL 33029
TITLE	Vice President
NAME	Lori Neucham
STREET ADDRESS	18419 Pines Blvd
CITY, ST, ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	
1.4 CITY, ST, ZIP	
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)(b), 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:

Steven Berg

Steven Berg

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305-430-5353

Date

Telephone #