PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400023286

1. Corporation Name

PINES WEST ANIMAL HOSPITAL, INC.

| Principal Place | e of Business | Mailing Address | | | | | | (B) IN B) II IN |
|---|---|------------------------------------|---|--|---|--|-------------------------------------|--|
| 18419 PINES BLVD | | 1489 W. PALMETTA PARK RD | | | | | | |
| PEMBROKE PINES FL 33029 | | 485 | | | DO NOT WRITE IN Th | IIC CDACE | | |
| US | | BOCA RATON FL 33486 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| \ | | 03 | | | | 03/22/1994 | | |
| 2 Principal Pl | lace of Business | 2a, Mailing Address | | | | 4, FEI Number | Ap | plied For |
| 21 | aco or Boomood | 26 | | | | 65-0508305 | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Re | equired |
| City & State | е | City & State | | | | 6. Election Campaign Financing | \$5.00 | • |
| 23 | <u> </u> | 28 | | | | Trust Fund Contribution | Added t | to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year | Intangible ☐ Yes | □No |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Register | | |
| | 9. Name and Address of Curre | nt Registered Agent | _ | 81 | Name | 10. Haile and Address of New Negasian | | |
| CAN | TOR, SAMUEL J | | | | | | | |
| | W. PALMETTO PARK ROAD | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| , | E 485 | | ľ | 83 | | | | |
| | A RATON FL 33486 | | | | | | | |
| | | | | 84 | City | F | 85 Zip | Code |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was a | utnonzea | ∣by tn: | ne corporatio | oration submits this statement for the purpose in's board of directors. I hereby accept the ap | pointment as re | gistered |
| SIGNATURE | Signature, typed or printed name of registered age | ant and title if applicable. (NOTE | : Registered | Agent s | signature required | when reinstating) DATE | | |
| | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE | Registered | Agent s | signature required | when reinstating) ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | ORS IN 12 |
| SIGNATURE 12. TITLE | | | | | signature required | | AND DIRECTO | ORS IN 12 |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | LE | signature required | | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. 1.1 TIT 1.2 NA | TLE ME | signature required | | | |
| 12. TITLE NAME | OFFICERS AF P BERG, STEVEN | ND DIRECTORS | 13. 1.1 TII 1.2 NA 1.3 ST | TLE ME | ADDRESS | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AT P BERG, STEVEN 18419 PINES BLVD | ND DIRECTORS | 13. 1.1 TII 1.2 NA 1.3 ST | ILE ME REET AI | ADDRESS | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AT P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CB | LE ME REET AI TY-ST-Z | ADDRESS | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI | ND DIRECTORS DELETE | 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CD 2.1 TII 2.2 NA | ILE ME REET AI TY-ST-Z ILE | ADDRESS | | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI | ND DIRECTORS DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST | ILE ME REET AI TY-ST-Z ILE | ADDRESS ZIP ADDRESS | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD | ND DIRECTORS DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST | LE ME REET AI TY-ST-Z LE ME REET AI TY-ST- | ADDRESS ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD | ND DIRECTORS DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST 2.4 CD | ILE ME REET AI TY-ST-Z ILE ME REET AI TY-ST- | ADDRESS ZIP ADDRESS | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CFI 2.1 TII 2.2 NA 2.3 ST 2.4 CFI 3.1 TII 3.2 NA | ILE ME REET AI TY-ST-Z ILE ME REET AI TY-ST- | ADDRESS ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST 2.4 CD 3.1 TIT 3.2 NA 3.3 ST 3.4 CD | ILE ME REET AI TY-ST-Z ILE ME REET AI TY-ST- ILE ME TY-ST- ILE ME REET AI | ADDRESS ZIP ADDRESS -ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST 2.4 CD 3.1 TIT 3.2 NA 3.3 ST 3.4. CD 4.1 TIT | ME REET AI REE | ADDRESS ZIP ADDRESS -ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 N | REET AME | ADDRESS ADDRESS -ZIP ADDRESS -ZIP | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST | REET ALE TYY-ST-2 TLE ME REET AL TYY-ST- TLE ME TREET AL TYY-ST- TLE ME REET AL TYY-ST- TLE AME REET AL TYY-ST- TLE TREET AL TYY-ST- TLE TREET AL TREET A | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | DELETE DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CT | LE ME REET AI IV-ST-Z LE REET AI TY-ST- LE REET AI TY-ST- LE REET A TY-ST- LE AME REET A TY-ST- LE | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | ND DIRECTORS DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CT | ILE ME REET AI TY-ST-ZI LE REET AI TY-ST- LE REET AI TY-ST- ILE AME REET A TY-ST- ILE | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | DELETE DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CT 5.1 TIT 5.2 NA | REET AI TY-ST-Z REET AI REET AI TY-ST-Z REET AI TY-ST- REET AI TY-ST- REET AI TY-ST- REET AI TY-ST- REET AI REET AI | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | DELETE DELETE DELETE | 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CD 2.1 TII 2.2 NA 2.3 ST 2.4 CD 3.1 TII 3.2 NA 3.3 ST 3.4 CD 4.1 TII 4.2 NA 4.3 ST 4.4 CD 5.1 TII 5.2 NA 5.3 ST | REET AI TY-ST-Z REET AI TY-ST-Z REET AI TY-ST- TLE AME REET A TY-ST- TLE AME REET A TY-ST- TLE AME | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | DELETE DELETE DELETE DELETE | 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CD 2.1 TII 2.2 NA 2.3 ST 2.4 CD 3.1 TII 3.2 NA 3.3 ST 3.4 CD 4.1 TII 4.2 NA 4.3 ST 4.4 CD 5.1 TII 5.2 NA 5.3 ST | REET AI TY-ST-Z LE MME REET AI TY-ST- LE MME REET AI TY-ST- LE TREET AI TY-ST- LE TREET AI TY-ST- LE REET AI TY-ST- LE REET AI TY-ST- LE REET AI TY-ST- TLE | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS | P BERG, STEVEN 18419 PINES BLVD PEMBROKE PINES FL VP MEACHAN, LORI 18419 PINES BLVD PEMBROKE PINES FL | DELETE DELETE DELETE | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CTT 2.1 TIT 2.2 NA 2.3 ST 2.4 CG 3.1 TIT 3.2 NA 3.3 ST 3.4 . CG 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 Tit 5.2 NA 5.3 ST 5.4 CG | THE THE TABLE TO THE TABLE TO THE TABLE TA | ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP ADDRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-430-5353

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90089 014 ***150.00