

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Tallahassee, Florida 32399-0001
(904) 488-1000

APPROVED
AND
FILED

95 MAY -1 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047277 (6)

1. Corporation Name:

KENDALL ANIMAL CLINIC, INC.

Principal Place of Business:

10521 N KENDALL DR SUITE E-101
MIAMI FL 33173

Mailings Address:

10521 N KENDALL DR SUITE E-101
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification:

06/24/1994

3a. Date of Last Report:

2. Principal Place of Business:

21

Suite, Apt. # etc.

22

City & State:

23

City & State:

24

City & State:

25

26

27

28

29

30

2a. Mailing Address:

26

Suite, Apt. # etc.

27

City & State:

28

City & State:

29

City & State:

30

4. FEI Number:

65-0533633

Applied For:

Not Applicable

5. Certificate of Status Desired:

☐

\$8.75 Additional
Fee Required

6. Election (Campaign Finance):

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under 1991 (C.S.)

Florida Statutes:

☐ Yes

☐ No

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:

BAYER, NEIL
3197 VIRGINIA ST
COCONUT GROVE FL 33133

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 Sections 607.01(1) and 607.01(2), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of this Act (Chapter 607, Florida Statutes).

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of New Registered Agent

Signature

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

12a. NAME: D
12b. STREET ADDRESS: 10521 N KENDALL DR SUITE E-101
12c. CITY, ST, ZIP: MIAMI FL 33173

12a. NAME: D
12b. STREET ADDRESS: 10521 N KENDALL DR SUITE E-101
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12a. NAME: D
12b. STREET ADDRESS: 10521 N KENDALL DR SUITE E-101
12c. CITY, ST, ZIP: MIAMI FL 33173

14. I do hereby certify that the information supplied with this report is voluntary, furnished and done not equally for the corporation stated in Section 607.01(1) 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 this corporation or the registered office or business agent authorized to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE

Richard P. Rogoff, VMD

RICHARD ROGOFF, VMD

4/29/95

305-274-6434

