FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000052745 (4)

1. Corporation Name

HARVEY AND WALT, INC.

Principal Place of Business: 3200 NORTH STATE RD. 7, MARGATE FL 33063

Mailing Address: 3200 NORTH STATE RD. 7, MARGATE FL 33063

3. Date of incorporation: 07/15/1994

4. FEI Number: 65-0506691

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Place of Business / 2a. Mailing Address

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUNDLING, ARTHUR W 1701 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH FL 33442	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CAPLAN, HARVEY
STREET ADDRESS	3510 OAKS WAY, UNIT 306
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	D
NAME	BENSON, WALTER J JR.
STREET ADDRESS	3510 OAKS WAY, UNIT 306
CITY-ST-ZIP	POMPANO BEACH FL 33069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(1)(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: Harvey Caplan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/16/95

Daytime Phone: 305-968-[illegible] / 305-968-6000

0106849 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053298 (3)

1. Corporate Name

PALM BEACH VETERINARY ASSOCIATES, INC.

Principal Place of Business: 6656 O'HARA AVENUE, BOYNTON BEACH FL 33437

Mailing Address: 6656 O'HARA AVENUE, BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1994

3a. Date of Last Report:

4. FEI Number: 65-0540073 — 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. 199.032 Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRUBB, JAMES E
6656 O'HARA AVENUE
BOYNTON BEACH FL 33437

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 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, RICHARD
STREET ADDRESS	658 N. MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	D
NAME	BERKENBLIT, MICHAEL
STREET ADDRESS	134 U.S. HIGHWAY ONE
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	D
NAME	MCMICHAEL, DOUGLAS A
STREET ADDRESS	2245 N. MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	D
NAME	GRUBB, JAMES E
STREET ADDRESS	6656 O'HARA AVENUE
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D
NAME	HARRISON, JACK
STREET ADDRESS	4313 N. LAKE BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	Treasurer	[ ] Change [X] Addition
6 NAME	Robinson, Alan	
6 STREET ADDRESS	9450 Old Dixie Hwy	
6 CITY-ST-ZIP	Lake Park, FL 33403	

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)(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: Alan W. Robinson — Alan W. Robinson — 5/19/95 — 407 842 1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264603 CF