

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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301-0001

APPROVED
AND
FILED

DOCUMENT # P94000052745 (4)

HARVEY AND WALT, INC.

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3203 NORTH STATE RD. 7
MARGATE FL 33063

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MARGATE FL 33063

2. Filing Agent's Name		2a. Mailing Address		3. Filing Agent's Signature		3a. Date of Filing Agent's Signature	
21. Name of Filing Agent		26. Mailing Address		4. Filing Agent's Signature		3b. Date of Filing Agent's Signature	
22. State of Filing Agent		27. State of Filing Agent		5. Filing Agent's Signature		3c. Date of Filing Agent's Signature	
23. City & State		28. City & State		6. Filing Agent's Signature		3d. Date of Filing Agent's Signature	
24. Country		29. Country		7. Filing Agent's Signature		3e. Date of Filing Agent's Signature	
25. Country		30. Country		8. Filing Agent's Signature		3f. Date of Filing Agent's Signature	

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		B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D CAPLAN, HARVEY 3510 OAKS WAY, UNIT 306 POMPANO BEACH FL 33069		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, STATE, ZIP	
D BENSON, WALTER J JR. 3510 OAKS WAY, UNIT 306 POMPANO BEACH FL 33069		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, STATE, ZIP	
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, STATE, ZIP	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, STATE, ZIP	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, STATE, ZIP	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the registered agent of the corporation and I am authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment to this report.

SIGNATURE: *Harvey Caplan*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR REGISTERED AGENT
5/16/95
305-968-6000
305-968-6000
0100040 CP

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MONTAGNY
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

50 MAY 22 AM 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053298 (3)

1. Corporation Name

PALM BEACH VETERINARY ASSOCIATES, INC.

Principal Office Address: **6656 O'HARA AVENUE
BOYNTON BEACH FL 33437**
Mailing Address: **6656 O'HARA AVENUE
BOYNTON BEACH FL 33437**

DEFLECT WHITE IN THIS SPACE

3. Date of Corporate Meeting	3a. Date of Last Report
07/19/1994	
4. FID Number	Applied For / Not Applicable
65-0540073	
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 § 199(1)(c) Florida Statutes.	☐ Yes ☒ No

2. Principal Office of Subsidiary	2a. Mailing Address
21	26
22	27
23	28
24	29
25	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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 196 and 197, 199B, 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 a resident of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D BROWN, RICHARD 658 N. MILITARY TRAIL WEST PALM BEACH FL 33415	1. NAME	☐ Change ☐ Addition
NAME	D BERKENBLIT, MICHAEL 134 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408	2. NAME	☐ Change ☐ Addition
NAME	D MCMICHAEL, DOUGLAS A 2245 N. MILITARY TRAIL WEST PALM BEACH FL 33409	3. NAME	☐ Change ☐ Addition
NAME	D GRUBB, JAMES E 6656 O'HARA AVENUE BOYNTON BEACH FL 33437	4. NAME	☐ Change ☐ Addition
NAME	D HARRISON, JACK 4313 N. LAKE BLVD. PALM BEACH GARDENS FL 33410	5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☒ Addition
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NAME		100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the multiplicity relief in Sections 199(1)(c) 30a, Florida Statutes. Further, I certify that the information was filed on this filing report on supplemental annual report in form and content 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 407, Florida Statutes, and that my name appears in Block A, or Block A-1 or changed, or on an attachment with an address.

SIGNATURE: *Alan W. Robinson* *Alan W. Robinson* 5/19/95 407 8421 505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR