FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057563 (6)

1. Entity Name

PEARL & ASSOCIATES, INC.

Principal Place of Business:

1400 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Mailing Address:

1400 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994

3a. Date of Last Report:

4. FEI Number: 65-0510525

Applied For ☐
Not Applicable ☐

2. Principal Place of Business

21

Suite Apt # etc.: 22 1888 N.W. 21ST ST.

City & State: 23 POMPANO BEACH FL

24 33069 25 BROWARD

2a. Mailing Address

26

Suite Apt # etc.: 27 1888 N.W. 21ST ST.

City & State: 28 POMPANO BEACH FL

29 33069 30 BROWARD

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. The corporation is requesting reinstatement under s. 607.1421, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEARL, CHRISTOPHER A
1400 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

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 section 607.0501, 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. The above named entity is familiar with and accepts the obligations of its position as registered agent under Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

D
PEARL, CHRISTOPHER A
1400 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☒ Change ☐ Addition
PEARL, CHRISTOPHER A
1888 N.W. 21ST STREET
POMPANO BEACH FL 33069

14. I declare, certify, that the information required by Annual Report Law, Chapter 607, Florida Statutes, is true, correct and complete. I am a director or officer 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 above or on an attachment with an address.

SIGNATURE: 4/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 971-9451

0265076 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000057573 (5)

1. Corporate Name

KATHLEEN WACHOLTZ, P.A.

Principal Place of Business	Mailing Address
14190 ASTER AVE WELLINGTON FL 33414	14190 ASTER AVE WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:

4. FEI Number: 65-0532026 — 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 ... Florida Statutes ☒ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

WACHOLTZ, KATHLEEN
14190 ASTER AVE
WELLINGTON FL 33414

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	WACHOLTZ, KATHLEEN
STREET ADDRESS	14190 ASTER AVE
CITY, ST, ZIP	WELLINGTON FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ 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 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: Kathleen Wacholtz — 4-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0282372 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000057822 (6)

1. VETERINARY DERMATOLOGY CENTER, P.A.

Principal Place of Business
843 S. ORLANDO AVENUE
WINTER PARK FL 32789

Mailing Address
843 S. ORLANDO AVENUE
WINTER PARK FL 32789

3. Date Incorporated or Qualified: 08/04/1994

3a. Date of Last Report:

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

4. FEI Number: 59-3259703 — 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. The corporation has agreed to be registered under § 193.085, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MESSINGER, LINDA M
843 S. ORLANDO AVENUE
WINTER PARK FL 32789

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 Section 607.0505 and/or 617.1905, 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 that position under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D LOGAS, DAWN B 4846 N.E. 60TH TERRACE SILVER SPRINGS FL 34488	☐ Change ☐ Addition
D MESSINGER, LINDA M 843 S. ORLANDO AVENUE WINTER PARK FL 32789	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true. For profit corporations only: I further certify that I am a director, officer or agent 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 13 above, or on an attachment with an entry identical to the form required by this report.

SIGNATURE: Linda M. Messinger LINDA M. MESSINGER 4-25-95 407-629-0014

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

0046676 CP