

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000066830 (8)

1. Corporation Name

MARGARET NEWMAN-BIGGS, DVM, P.A.



Principal Place of Business

**12798 W FOREST HILL BLVD
WEST PALM BEACH FL 33414**

Mailing Address

**12798 W FOREST HILL BLVD
WEST PALM BEACH FL 33414**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NEWMAN-BIGGS, MARGARET
12798 W FOREST HILL BLVD
WEST PALM BEACH FL 33414**

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0515047

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

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

Signature of the person authorized to file this report

Signature of the Agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | DPVS | <input type="checkbox"/> DELETE |
| NAME | NEWMAN-BIGGS, MARGARET | |
| STREET ADDRESS | 14858 EQUESTRIAN WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | NEWMAN-BIGGS, MARGARET | |
| STREET ADDRESS | 14858 EQUESTRIAN WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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, employee, or 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:

M. Morham - Biggs, DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

407-798-290

CR2E034 (12/95)