

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000085472 (6)**

1. Corporation Name

**ANIMAL CARE CLINIC OF HOMESTEAD, INC.**

95 MAY -1 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**60 N HOMESTEAD BLVD**      **60 N HOMESTEAD BLVD**  
**HOMESTEAD FL 33030**      **HOMESTEAD FL 33030**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/23/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**65-0538387**       Not Applicable

**22**      **27**  
City & State      City & State

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**23**      **28**  
Zip      Country      Zip      Country

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

**24**      **25**      **29**      **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGE DIAZ, P.A.**  
**9280 SUNSET DR, 119**  
**MIAMI FL 33173**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **VICHA, DALE L**  
STREET ADDRESS **60 N HOMESTEAD BLVD**  
CITY- ST- ZIP **HOMESTEAD FL 33030**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **D**  
NAME **VICHA, DEBRA T**  
STREET ADDRESS **60 N HOMESTEAD BLVD**  
CITY- ST- ZIP **HOMESTEAD FL 33030**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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 110.07(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 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: *Dale L. Vicha*      **DALE L. VICHA**      *Apr 28, 1995*      **305-247-4949**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      (Type in Figure 4)