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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085472 (6)

1. Corporation Name

ANIMAL CARE CLINIC OF HOMESTEAD, INC.

Principal Place of Business

60 N HOMESTEAD BLVD
HOMESTEAD FL 33030

Mailing Address

60 N HOMESTEAD BLVD
HOMESTEAD FL 33030-7416

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

08/07/1996

2. Principal Place of Business

21 605 SE 19th DR

Suite, Apt. #, etc.

22

City & State

23 HOMESTEAD, FL

Zip

24 33033

Country

25 U.S.A.

2a. Mailing Address

26 605 SE 19th DR

Suite, Apt. #, etc.

27

City & State

28 HOMESTEAD, FL

Zip

29 33033

Country

30 U.S.A.

4. FEI Number

65-0538387

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

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VCHA, DALE L
STREET ADDRESS 60 N HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ DELETE

NAME VCHA, DEBRA T
STREET ADDRESS 60 N HOMESTEAD BLVD
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 605 SE 19th DR
1.4 CITY-ST-ZIP HOMESTEAD, FL 33033

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 605 SE 19th DR
2.4 CITY-ST-ZIP HOMESTEAD, FL 33033

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Dale R Vcha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 1997

Date

305
394-0176

Daytime Phone #

CR2E034 (9/96)