

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091892 (7)

1. Corporation Name

SCHENHOLM VETERINARY CLINIC, INC.

Principal Place of Business

571 N.E. 44TH STREET
FORT LAUDERDALE FL 33334

Mailing Address

571 N.E. 44TH STREET
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/19/1994

3a. Date of Last Report

4. FEI Number

65-0553189

Applies For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 571 NE 44 St

2a. Mailing Address

26 571 NE 44 St

State Apt # etc

State Apt # etc

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip

24 33334

County

25 Dade

Zip

29 33334

Country

30 USA

9. Name and Address of Current Registered Agent

EDWARDS, GEORGE E ESQ.
950 NORTH FEDERAL HIGHWAY, #112
POMPANO BEACH FL 33062

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 appointed as registered agent of the corporation

Signature of the person appointed as registered agent of the corporation

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	SCHENHOLM, CARL
3. STREET ADDRESS	571 N.E. 44TH STREET
4. CITY, ST, ZIP	FORT LAUDERDALE FL 33334
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this report is, or has been, furnished, and does not qualify for the exemption stated in Section 199.032(4)(b), 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 receive the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. (If change of address, attach with an address.)

SIGNATURE:

Carl P. Schenholm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 305-4914643