SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT #   P94000093465 (0)

1. Corporation Name

ANIMAL CARE CLINIC OF MIAMI, INC.

Principal Place of Business	Mailing Address
18675 S DIXIE HWY MIAMI FL 33157	18675 S DIXIE HWY MIAMI FL 33157

3. Date Incorporated or Qualified	3a. Date of Last Report
12/28/1994	05/01/1995

2. Principal Place of Business

2a. Mailing Address

21		26	
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State	28	City & State
24	Zip	25 Country	29 Zip	30 Country

4. FEI Number: **65-0543163** — 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

LEGAL SERVICE CORPORATION OF MIAMI
9260 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 _____   DATE _____

Signature (print or print-out name of registered agent and title if appropriate)   (NOTE: Registered Agent's signature required when change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE P	☒ Change ☐ Addition
NAME	YSMAEL, CHRISTOPHER	1.2 NAME Pamela Howard	
STREET ADDRESS	18675 S DIXIE HWY	1.3 STREET ADDRESS 18675 South Dixie Highway	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP Miami, FL 33157	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORNANE, PATRICK V.	2.2 NAME	
STREET ADDRESS	18675 S DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____   Date 1/1/96   Daytime Phone # 305 235 7336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR