

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038260 (2)

1. Corporation Name

ACADEMY ANIMAL HOSPITAL OF COOPER CITY, INC.



Principal Place of Business

Mailing Address

7174 BERACASA WAY
BOCA RATON FL 33433

7174 BERACASA WAY
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433

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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
LEDER, SAMUEL E
STREET ADDRESS
7074 BERACASA WAY
CITY-STATE-ZIP
BOCA RATON FL 33433

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-STATE-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-STATE-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-STATE-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-STATE-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-STATE-ZIP

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

407-394-8706

Daytime Phone

CR2E034 (12/95)