

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000082430 (6)**

1. Corporation Name
FONDREN ANIMAL CLINIC, INC.



Principal Place of Business: **372 GOLFVIEW ROAD #101C NORTH PALM BEACH FL 33408**
Mailing Address: **372 GOLFVIEW ROAD #101C NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified: **10/24/1995** 3a. Date of Last Report

4. FEI Number: **65-0613858** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**FODREN, MARY C DR
372 GOLFVIEW ROAD #101C
NORTH PALM BEACH FL 33408**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Print Name) _____ (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONDREN, MARY C	2. NAME	
STREET ADDRESS	372 GOLFVIEW ROAD #101C	3. STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 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 on an attachment with an address.

SIGNATURE: *Mary C. Fonder* Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (407) 627-7688

CR2E034 (12/95)