

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 11 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 33408-3557**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/24/1995</b>  | 3a. Date of Last Report<br><b>03/29/1996</b>           |
| 4. FEI Number<br><b>65-0613858</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 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                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**FONDREN, 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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                  |                                 |
|-----------------|----------------------------------|---------------------------------|
| TITLE           | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME            | <b>FONDREN, MARY C</b>           |                                 |
| STREET ADDRESS  | <b>372 GOLFVIEW ROAD #101C</b>   |                                 |
| CITY - ST - ZIP | <b>NORTH PALM BEACH FL 33408</b> |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                   |  |
|---------------------|-----------------------------------|--|
| 1.1 TITLE           | <b>M</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>D'NBILL, TERENCE H.</b>        |  |
| 1.3 STREET ADDRESS  | <b>372 GOLFVIEW RD #101C</b>      |  |
| 1.4 CITY - ST - ZIP | <b>NORTH PALM BEACH, FL 33408</b> |  |
| 2.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                   |  |
| 2.3 STREET ADDRESS  |                                   |  |
| 2.4 CITY - ST - ZIP |                                   |  |
| 3.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                   |  |
| 3.3 STREET ADDRESS  |                                   |  |
| 3.4 CITY - ST - ZIP |                                   |  |
| 4.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                   |  |
| 4.3 STREET ADDRESS  |                                   |  |
| 4.4 CITY - ST - ZIP |                                   |  |
| 5.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                   |  |
| 5.3 STREET ADDRESS  |                                   |  |
| 5.4 CITY - ST - ZIP |                                   |  |
| 6.1 TITLE           |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary C. Fondren* / **MARY C. FONDREN** 3/6/97 Pres. (561) 627-7688  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)