

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4145 BURNS RD  
22 Suite, Apt. #, etc.  
23 Palm Bch Gdns, FL  
24 33410  
25 Country

2a. Mailing Address  
26 4145 BURNS RD  
27 Suite, Apt. #, etc.  
28 Palm Bch Gdns, FL  
29 33410  
30 Country

3. Date Incorporated or Qualified  
10/24/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 FONDREN, MARY C. DR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4145 BURNS RD.  
83  
84 City PALM BEACH GARDENS FL 85 Zip Code 33410

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	D <input type="checkbox"/> DELETE
NAME	FONDREN, MARY C
STREET ADDRESS	372 GOLFVIEW ROAD #101C
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	M <input type="checkbox"/> DELETE
NAME	O'NEILL, TERENCE H.
STREET ADDRESS	372 GOLFVIEW RD., #101C
CITY-ST-ZIP	NORTH PALM BEACH FL
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FONDREN, MARY C.
1.3 STREET ADDRESS	4145 BURNS RD
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
2.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'NEILL, TERENCE H.
2.3 STREET ADDRESS	4145 BURNS RD
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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	



4/22

8000024360-06  
-04/22/98-01019-004  
\*\*\*150.00

14. I 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 \_\_\_\_\_

CR2E034 (10/97)