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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90065 027 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600060437

1. Corporation Name

SILVER LAKES ANIMAL HOSPITAL, INC.

Principal Place of Business Mailing Address					4 10011004 118 18148 BILLY BRITE (611) 00()	i as ii s qiiji qs iii vibb i	
17780 SW 2ND STREET 17780 SW 2ND STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			9		•		
			•		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 07/18/1996		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0680866		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	
22		27	27		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	<u>├</u>	Zip Country		8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.	☐ Yes	□No ·
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Regist	ered Agent	
RAP	PAPORT, JON J		81	Name			
	6 W 28TH ST		82	Street Add	ress (P.O. Box Number is Not Acceptable)	9	`
	ISET ISLAND ONE				the state of the s	State of the second	
	MI BEACH FL 33140		83				1. 图 图
			84	City		85 Zip C	Code
agent La	registered agent, or both, in the Sta	até of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as reg	registered gistered
agent. I a	registered agent, or both, in the Sta	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	ithorized by ida Statutes	the corporation	on's board of directors. I hereby accept the	appointment as reg	registered gistered
agent. i a	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	ithorized by ida Statutes	the corporation	on's board of directors. I hereby accept the	appointment as reç	gistered
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6.4 CITY-ST-ZIP 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 review 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; with all other like empowered.

NTENDENAME OF SIGNING OFFICER OR DIRECTOR