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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071918 (2)

SARVESWARYDEVI THEVARAJAJ, D.V.M., P.A.

appears in Block 12 or Block 13,if changed

SIGNATURE:

						······································	
Principal Place of Business 6100 SOUTH DIXIE HIGHWAY MIAMI FL 33143		Mailing Address				(13011907100 0010 00117 00117 00117 00117 0017	
		6100 SOUTH DIXIE HIGHWAY MIAMI FL 33143-5003				·	
						3. Date Incorporated or Qualified 3a. Date of Last Report 08/27/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For		
21		26				65-0694300 Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.			5. Certificate of Status Desired Security \$8.75 Additional Fee Required		
City & Stat 23		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zιρ	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29	30			Florida Statutes Yes No	
	9. Name and Address of Curren			81	Name	10. Name and Address of New Regilitered Agent	
THEVARAJAH, SARVESWARYDEVI (6100 SOUTH DIXIE HIGHWAY MIAMI FL 33143		VM					
				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
,				83			
χ			•	84	City	FI 85 Zip Code	
11. Pursuant office or r agent La			utes, the ab s authorized forida Stati	ove by ltes	-named c the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
Signer are type discipnolatinane of registered agon; and offerif applicable (NOTE: Re				Age	nt signature re	equired when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME		L' DELETE	1.1 TIT 1.2 NA		1.	P. CHARLES ARVESIDARVACY:	
STREET ADDRESS					ADDRESS	THEVARAJAH, SARVESWARYdevi 6100 South Dixie Highway 5. Miami, Florida 33143	
City-St-ZiP			1.4 CIT		T_ 7ID	c miani Clapida 22143	
THILE		DELETE	2.1 TIT		1-211	Change Addition	
NAME			2.2 NA	ME		0	
STREET ADDRESS			2.3 ST	REET	ADDRESS		
City-S*-7IP			2. 4 CI	TY-\$	T - ZIP		
TALE		☐ D£LETE	3.1 TIT	ιE		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET.	ADDRESS		
C/TY+ST+7IP		Doctor	3.4. CI		T-ZIP		
NAME		☐ DELETE	4.1 T(T		1	☐ Change ☐ Addition	
DAME			4.2 N/		ADDRESS		
OTHER DESIGNATION			4.4 CIT		ADDRESS		
OHY-SI-ZP THE		☐ DELETE	5.1 TIT		1-211	Change Addition	
NAME			5.2 NA		1	whether grant from the training	
STREET ACORESS					ADDRESS		
CITY-S*-ZIP			5.4 CIT		1		
TIFLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME			6.2 NA	ME	j		
STREET ADDRESS			6.3 ST	REET	ADDRESS		

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