

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 21 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 # P96000076212 (5)

1. Corporation Name

TLC ANIMAL HOSPITAL, INC.

Principal Place of Business
11099 BISCAYNE BOULEVARD
MIAMI FL 33161

Mailing Address
11099 BISCAYNE BOULEVARD
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1996
3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number 65-0691090
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

SZABO, GABRIELLA
11099 BISCAYNE BOULEVARD
MIAMI FL 33161

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SZABO, GABRIELLA	
STREET ADDRESS	1815 S.W. 101ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	DELETE
NAME	BAKS, MIEKE	
STREET ADDRESS	7104 S.W. 114TH PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V S
1.2 NAME	SZABO, GABRIELLA
1.3 STREET ADDRESS	1455 N. TREASURE DR. #8L
1.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
2.1 TITLE	P T
2.2 NAME	BAKS, MIEKE
2.3 STREET ADDRESS	2620 NE 135 ST. #1E
2.4 CITY-ST-ZIP	MIAMI, FL 33181
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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

Gabriella Szabo

7/15/97 1305 1897-2233

CR2E034 (4/97)