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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600079568 (7)

LOGGER'S RUN ANIMAL HOSPITAL, INC.

Principal	Place	of	Business
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Mailing Address

11401C WEST PALMETTO PARK ROAD

11401C WEST PALMETTO PARK ROAD ROCA RATON EL 33428-2627

FILED Apr 25 1997 8:00am Secretary of State



BOCA RATO	N FL \$3428	BOCA RATON FL 33428	-2627	-								
							Date Incorporated or Qualified 09/25/1996	3a. Da	te of L	ast Report		
2. Principal 21	Place of Business	2a. Mailing Address 26			4.	FEI Number 65-069 7-066		H	Applied For Not Applicable			
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
	City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	⊢ ¬	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 Name and Address of Curre	29	30				Florida Statutes Name and Address of New Re	Yes E				
		nt Hegistered Agent		81	Name	10.	Name and Address of New He	gistered /	rgent			
	BSTBAUM, MARIO	nan.										
	4010 West Palmetto Park Ro DCA Raton Fl 33428	UAU		82	Street A	ddress (P	O. Box Number is Not Acceptab	le) 				
				83								
				84	City			FL	85	Zip Code		
11. Pursuan office or agent. I	It to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of, Section 607.0505, F	utes, the at authorized Iorida Stat	ove d by utes	e-named c / the corpo s.	corporation oration's b	n submits this statement for the p poard of directors. I hereby accep	urpose of t the app	chang ointmo	ing its registered nt as registered		
SIGNATURE	Signature, typed or printed name of registered ag	ent and tille if applicable (NC	OTE: Aegistered	Age	ent signature re	equired when	reinstating)	DATE				
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS IN 12		
TITLE	P	☐ DELETE	1.1 10	L€					Cha	inge 🔲 Addilion		
NAME	MARIO ODST BAUM		1.2 NA	ME								
STREET ADDRESS		PK. 20.	1.3 \$1	REET	ADDRESS							
CITY-ST-ZIP	DOCA RATON, FLA.	37428	1.4 00	ry-\$	ST - 21P							
TITLE	VP	☐ DELETE	21 10	LĒ					Cha	inge 🔲 Addition		
NAME	DANA W. HARMAN-	OBSTBAUM	2 2 NA	ME								
STREET ADDRESS		OPK. RO	2 3 51	REET	ADDRESS		> ,					
CITY-ST-ZIP	BOCA ROTON, FLA		2 4 0	ny-s	S1 - ZIP			· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	3 1 111	1.E					☐ Cha	inge 🔲 Addition		
NAME			3 2 NA	ME								
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NAME			4 2 N	AME	l							
STREET ADDRESS	S		4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			44 C	TY-S	31 - ZIP							
TITLE		[] DELETE	5.1 1)1	īĻĒ.					∐ Chi	ange 🔲 Addition		
NAME			5.2 NA	ME								
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TITLE	∮ è'	☐ DELETE	6111	LF					☐ Cha	ange 🔲 Addition		
NAME	1 :.		6.2 NA	ME								
STREET ADDRESS	6 .		6.3 ST	REET	ADDRESS							
CITY-ST-ZIP	about the data by information a malic	and the second second	6.4 CI	TY-S			alian 110.02/2Vi). Florida Ciatuta	. (4		11 - 1 41		

I. 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 frue 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.