PROFIT
CORPORATION
ANNUAL REPORT

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002484 (8) W 1. Corporation Name
Animal Hospital of 49th Street, INC. APPROVED ALL

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SECRETARY OF STATE TAILAHASSEE, FLORIDA

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Principal Place of Business	Mailing Address				
85 East 49th Street			05-04-99 900	18 633	\$150.00
Haleah, PL 33013	Hialech,	A 33013	3. Date incorporated or Qualifed	TE IN THIS SPACE	
2. Principa) Place of Business	2a. Mailing Address		1-6-97		Applied For
8]	26		85-073823	<i>1</i>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	11	5 Additional
2	27	·	D. Cormedia di Didida Delired	Fec	Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be
Zip Country	Zip	Country	8. This corporation owes the curre		ou to Fana
25	29	30	Personal Property Tax.	☐Yes	No
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New R	egistered Agent	
Cara las Auch	OUM	81 Name			
Gonzalez, Agustin	4	B2 Street Ar	ddress (P.O. Box Number Is Not Accepta	hiei	
85 East 49 Stren	r <i>†</i>	[0.100.7			_
	•	83			
Haleah, FL 33013	3	84 City		F. 85 2	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				FL ["	
office or registered agent, or both, in the \$	7.0002 and 607,1508, Florida State of Florida, Such change was	utes, the acove-hamed co authorized by the corpora	orporation submits mas statement for the patients board of directors, I hereby accept	ourpose of changing the appointment as	tedisteted
agent, I am familiar with, and accept the c	voigations of Section post-0303, F	NINE SMINIES.			
SIGNATURE					
SIGNATURE Signature, typed or printed name of register	ed agent and see if applicable. (NO	TE: Registered Agent signature requ	utrad when reinstating)	37AD	
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