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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008568

Country

1. Corporation Name

Principal Place of Business

SUNRISE FL 33351

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3951 NORTHWEST 94 TERRACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

FITZGERALD OLIVER, DVM, P.A.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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3951 NORTHWEST 94 TERRACE SUNRISE FL 33351

Apr 14, 1999 8:00 am Secretary of State

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		,	DO NOT WRITE IN THIS	SPACE		
		`	3. Date Incorporated or Qualifed			
			01/27/1998		المعسر المعسر	
			4. FEI Number 08/5/17		Applied For	
			6 3-08/5/1/		Not Applicable	
			5. Certificate of Status Desired		5 Additional Required	
			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Country			This corporation owes the current year Inta Personal Property Tax.	anglble Xes	□No	
	L.		10. Name and Address of New Registered	Ágent		
/	81	Name / 17	26ERAZD 02/18E			
	82	Street Address	S (P.O. Box Number is Not Acceptable)			
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Zip TELLZGES	Country .	Zip	Coun	itry		8. This o	corporati	ion owes the cu	ırrent year l	Intangible		
24 F.L. L. G. C. D.	25	29	30					perty Tax		Xes	□No	
9. Name and Address of Current Registered Agent						10. Name	and A	ddress of New	Registere	d Ágent		
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DEERFIELD BEACH FL 33442						<i></i>						
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0005, Florida Statutes.												
agent. I ai	n familiar with and accept the obligation	ys of, Section 607.1905, Flori	da Statut	tes.			12	1/ 2	<u>(</u>	109	· .	
SIGNATURE	119500	g William	Panintarna A		ontico conside	ed when reinstating	*)		DATE			
12,	Signature, typed or printed name of rigistered agent at OFFICERS AND		13.	råen sid	nature requir			HANGES TO O		AND DIRECTO	RS IN 12	
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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 supplied ental 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/fine eceiver or trustee amnowered 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR