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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027610

1. Corporation Name

QUIET WATERS ANIMAL HOSPITAL, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90077 005 ***158.75



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Principal Place	of Business	Mailing Address				MITMAT IEM IMIMI IMIET MAIT	Mitte dance dar	18	(1811 BEII (ENI
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					03/25	•	:u		
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21		26			<u> </u>	5-0834	<u> </u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifca	te of Status Desired	- 19 0	\$ 8.75 / Fee Re	
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City & State	•				I	n Campaign Financin und Contribution	9 🗆	\$5.00 Added t	
23 Zip	Country	28	Country			rporation owes the co	rrent vear I		
	25	29 30				al Property Tax.	inom your r	∑ N es	□No
24]	9. Name and Address of Current			1		and Address of Nev	Registere	d Agent	
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	N, CARMAN J JR.		82			Number is Not Acce			
	east Hillsboro BLVD.		100	32		oware!	NE	R_{D} _	
DEE	RFIELD BEACH FL 33441		83		<u></u>				1
			84	(Piloz				85 Zip (Code
		`	'	DEE	er fraus	Beh	F	L 3	3441
11. Pursuant I	to the provisions of Sections 607 0502 agistered agent, or post in the state of m femiliar with, and accept the obligation	and 607.1508, Florida Statutes, t	he above	-named co	orporation submit	s this statement for the	ne purpose o	of changing its	registered
	edistered agent. Orzavan Jan Jake State A	r,⊢ionoa. Such change was autho	MIZEU UY	me conora	ation's board or d	HECKOIS, I HELEDY ACK	white app	Office Co. 10	9.0.0,00
agent. I ar	n femiliar with, and accept the obligation	óns of, Section 607.0505, Florida	Statutes.						7
						1-	-14	-99	
SIGNATURE	Signature, uped or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent		quired when reinstating)		DATE	- 77	
SIGNATURE	Signature, uped or printed name diregulared agent OFFICERS AND	and title if applicable. (NOTE: Reg	istered Agent		quired when reinstating)) -	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, uped or printed name of regulared agent OFFICERS AND	and title if applicable. (NOTE: Reg	13.		quired when reinstating)		DATE	- 77	
SIGNATURE 12. TITLE NAME	Signature, uped or printed name of regulared agent OFFICERS AND P LEDESMA, PABLO M	and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME	t signature req	quired when reinstating)		DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature. Upod or printed name d regulared agent OFFICERS AND P LEDESMA, PABLO M 306 SOUTH POWERLINE ROAD	and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature requ	quired when reinstating)		DATE	AND DIRECTO	DRS IN 12
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CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an unstand empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplement officer or director of the corporation or the rec Block 12 or Block 13 if changed; or on an atta

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR