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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090191

1. Corporation Name

SAREJIT S. SIDHU, D.V.M., P.A.

Principal Place of Business

200 GALEN DR., UNIT 114
KEY BISCAYNE FL 33149

Mailing Address

200 GALEN DR., UNIT 114
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/22/1998

4. FEI Number

X 650897037

Applied For

No 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 the current year Intangible
Personal Property Tax.

X Yes ☐ No

2. Principal Place of Business

21 GERSON ANIMAL HOSPITAL

Suite, Apt. #, etc.

22 9 WESTWARD DRIVE

City & State

23 MIAMI SPRINGS FL

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 GERSON ANIMAL HOSP

Suite, Apt. #, etc.

27 9 WESTWARD DRIVE

City & State

28 MIAMI SPRINGS FL

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

SIDHU, SAREJIT
200 GALEN DR., UNIT 114
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

SAREJIT S. SIDHU

82 Street Address (P.O. Box Number is Not Acceptable)

200 GALEN DRIVE UNIT #114

83

84

City

KEY BISCAYNE

FL

85 Zip Code

33149

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 PRESENT ☐ DELETE

NAME

SIDHU SAREJIT

STREET ADDRESS

200 GALEN DR #114

CITY-ST-ZIP

KEY BISCAYNE FL 33149 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all changes like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(305) 885-2000

Office Phone #

CR2E034 (1/98)

0221010