FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V18019** **(2)**

1. Corporation Name

ANIMAL MEDICAL CLINIC OF THE PALM BEACHES, INC.

Principal Place of Business
7 HAZZARD STREET
WEST PALM BEACH FL 33406

Mailing Address
7 HAZZARD STREET
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: 02/28/1992
3a. Date of Last Report: 07/05/1995
4. FEI Number: 65-0313569 — Applied For / Not 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

CHAPIN, KEITH W.
~~1424 ISLAND SHORE DR.~~ 6657 Dillman Rd.
WEST PALM BEACH FL ~~33413~~ 33413

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 OF REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

D
CHAPIN, KEITH W.
6657 DILLMAN RD.
W. PALM BEACH FL 33413

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE, 1 NAME, 1 STREET ADDRESS, 1 CITY-ST-ZIP — ☐ Change ☐ Addition
2 TITLE, 2 NAME, 2 STREET ADDRESS, 2 CITY-ST-ZIP — ☐ Change ☐ Addition
3 TITLE, 3 NAME, 3 STREET ADDRESS, 3 CITY-ST-ZIP — ☐ Change ☐ Addition
4 TITLE, 4 NAME, 4 STREET ADDRESS, 4 CITY-ST-ZIP — ☐ Change ☐ Addition
5 TITLE, 5 NAME, 5 STREET ADDRESS, 5 CITY-ST-ZIP — ☐ Change ☐ Addition
6 TITLE, 6 NAME, 6 STREET ADDRESS, 6 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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.

SIGNATURE: Keith W. Chapin Keith W. Chapin 1/23/96 407-689-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)