

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V42122

(4)

1. Corporation Name

FT. PIERCE ANIMAL CLINIC, P.A.



Principal Place of Business

800 VIRGINIA AVE.  
#36  
FT. PIERCE FL 34982

Mailing Address

800 VIRGINIA AVE.  
#36  
FT. PIERCE FL 34982  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STEIN, JOHN N.  
800 VIRGINIA AVE.  
#36  
FT. PIERCE FL 34982

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

04/28/1995

4. FLE Number

65-0340043

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. 193.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Registered Agent

Signature of Officer or Director

Date

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

STEIN, JOHN N.

800 VIRGINIA AVE., #36

FT. PIERCE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 the last sentence of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. STEIN

4/25/96

407  
464-8038

CR2E034 (12/95)