

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L40657

**Entity Name:** JON J. RAPPAPORT, D.V.M., AVENTURA ANIMAL HOSPITAL, P./

**Current Principal Place of Business:**

19101 BISCAYNE BLVD  
AVENTURA, FL 33180

**Current Mailing Address:**

2901 COLLINS AVE  
UNIT 1206  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-0164333

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KARSON, JACK E  
2901 COLLINS AVE  
UNIT 1206  
MIAMI BEACH, FL 33140 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KARSON, JACK E  
Address        2901 COLLINS AVE  
                  UNIT 1206  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JON RAPPAPORT

**PRESIDENT**

**05/09/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date