

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L40657

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC9057374938**

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

**Current Principal Place of Business:**

19101 BISCAYNE BLVD  
AVENTURA, FL 33180

**Current Mailing Address:**

AVENTURA ANIMAL HOSPITAL  
19501 BISCAYNE BLVD. - SUITE #400  
AVENTURA, FL 33180

**FEI Number: 65-0164333**

**Certificate of Status Desired: No**

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

KARSON, JACK E  
19501 BISCAYNE BLVD #400  
AVENTURA 39, FL 33180 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        AVENTURA ANIMAL HOSPITAL  
                  19501 BISCAYNE BLVD. - SUITE #400

City-State-Zip: AVENTURA FL 33180

*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 J RAPPAPORT**

**OWNER**

**03/31/2015**

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

\_\_\_\_\_  
Date