2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State
02-03-2003 90103 005 ***150.00
08-27-2003 90076 031 ***558.75

012917 AT

DOCUMENT # P02000090606

1. Entity Name
CHIEFLAND VETERINARY SERVICES, P.A.

Principal Place of Business	Mailing Address
C/O AL GRAVES 7651 NW 128 LANE CHIEFLAND FL 22626	C/O AL GRAVES 7651 NW 128 LANE CHIEFLAND FL 22626

2. Principal Place of Business		3. Mailing Address	
153 NW 128 LANE		Chiefland Vet Svc. PA Dr. Kicherer	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 1756	
City & State Chiefland FL		City & State Chiefland FL	
Zip 32626	Country USA	Zip 32644	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 81-0582097 [illegible] ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KICHERER, NANCY E D.V.M.
C/O AL GRAVES
7651 NW 128 LANE
CHIEFLAND FL 22626

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy E Kicherer DVM 8-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $550.00~~
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KICHERER, NANCY E D.V.M. C/O 7651 NW 128 LANE CHIEFLAND FL 22626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kicherer Nancy E DVM 153 128 Lane NW Chiefland FL 32626	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy E Kicherer DVM 8-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #