2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028260

1. Entity Name

FAMILY PET MEDICAL CENTER, P.A.

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90012 013 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
... SOUTH ANDREWS AVE. SUITE 301N FT LAUDERDALE FL 33301	524 SOUTH ANDREWS AVE. SUITE 301N FT LAUDERDALE FL 33301-2878

2. Principal Place of Business	3. Mailing Address
2750 N. FEDERAL	2750 N. FEDERAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: F. LAUDERDALE FL	City & State: FT. LAUDERDALE FL
Zip: 33306 Country: USA	Zip: 33306 Country: USA

4. FEI Number 65-0403703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, JEFFREY A
525 SO. ANDREWS AVENUE
SUITE 301N
FT. LAUDERDALE FL 33301

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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARSON-GLASS, SHARON DR 524 SO. ANDREWS AVE. SUITE 301N FT. LAUDERDALE FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 1.4.00 954 463 2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #