


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90005 036 ***150.00

03-03626

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000018663

1. Corporation Name
VETPARTNERS, INC.

Principal Place of Business 7900 GLADES ROAD SUITE 610 BOCA RATON FL 33434	Mailing Address 7900 GLADES ROAD SUITE 610 BOCA RATON FL 33434
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/27/1997
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0731754 Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

LAURENCE, JODI B
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SOLNIK, MIKE MD
STREET ADDRESS	7900 GLADES RD, STE 610
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RICHMAN, ANDREW M MD
STREET ADDRESS	7900 GLADES RD, STE 610
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	D <input type="checkbox"/> DELETE
NAME	REITMAN, FREDERIC R MD
STREET ADDRESS	21277 GREENWOOD COURT
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JAFFE, PAUL H DVM
STREET ADDRESS	21066 COUNTRY CREEK
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Reiss, David
5.3 STREET ADDRESS	18383 Preston Rd, Ste 200
5.4 CITY-ST-ZIP	Dallas TX 75252
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Solnik **Mike Solnik** 2/10/99 561-852-0002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)