

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018663

1. Entity Name

VETPARTNERS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90039 020 ***150.00

Principal Place of Business 7900 GLADES ROAD SUITE 610 BOCA RATON FL 33434	Mailing Address 7900 GLADES ROAD SUITE 610 BOCA RATON FL 33434-4105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0731754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAURENCE, JODI B 7777 GLADES ROAD SUITE 300 BOCA RATON FL 33434				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLNIK, MIKE MD			NAME			
STREET ADDRESS	7900 GLADES RD, STE 610			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHMAN, ANDREW M MD			NAME			
STREET ADDRESS	7900 GLADES RD, STE 610			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REITMAN, FREDERIC R MD			NAME			
STREET ADDRESS	21277 GREENWOOD COURT			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAFFE, PAUL H DVM			NAME			
STREET ADDRESS	21066 COUNTRY CREEK			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISS, DAVID			NAME			
STREET ADDRESS	18383 PRESTON RD STE 200			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75252			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ *April 17, 2000* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)