2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2003
Secretary of State

DOCUMENT# 475788

Entity Name: RAWLS VETERINARY HOSPITAL, INC.

Current Principal Place of Business:

127 EAST MASON AVE.
DAYTONA BEACH, FL 321175034

New Principal Place of Business:

Current Mailing Address:

127 EAST MASON AVE.
DAYTONA BEACH, FL 321175034

New Mailing Address:

FEI Number: 59-1594876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAWLS, BENJAMIN H. JR.
127 E. MASON
DAYTONA BEACH, FL 32014

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAWLS, BENJAMIN H. J, R.
Address: 127 EAST MASON AVE.
City-St-Zip: DAYTONA BEACH, FL

Title: VP ( ) Delete
Name: ROONEY, PATRICK
Address: 250 CANDY LN.
City-St-Zip: DELAND, FL 22720

Title: ST ( ) Delete
Name: HARPER, JOE
Address: 6071 SABAL CROSSING CT.
City-St-Zip: PORT ORANGE, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HARPER, JOE A
Address: 3855 NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: ST (X) Change ( ) Addition
Name: STONER, DONALD J
Address: 601 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BENJAMIN H RAWLS JR. PD 01/03/2003

Electronic Signature of Signing Officer or Director — Date