2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 559686							FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90105 004 ***150.00				
DOCUMENT # 559686 1. Entity Name GLENCOE VETERINARY HOSPITAL, INC.											
423 N GLENC	ce of Business COE RD A BCH FL 32168		Mailing Address 423 N GLENCOE RD NEW SMYRNA BCH FL 32168								
2. Principal F	Place of Business	3	3. Mailing Address			-			EIEII BIIII EI		
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State	·	4. FEI Number 59-1833787 Applied For]		
Zip Country			Zip Cou		itry	5 Certificate of Status Desired Status		8.75 Add		-	
6. Name and Address of Curren			Registered Agent		7. 1	Name and Address of New Reg		e. <u>Require</u>	d		
BRYANT, JEANE 423 N GLENCOE RD NEW SMYRNA BEACH FL 32168-4837					Street Address ((P.O. B	ox Number is Not Acceptable)				:≈_ ~
•					City			FL	Zip Code		-
8. The above the obligat	e named entity su tions of registere	bmits this statement for d agent.	the purpose of changing	its register	ed office or register	red ag	ent, or both, in the State of Florid	la. 1 am fan	hiliar with, a	and accept	-]
SIGNATURE		inted name of registered agent a			d Agent signature required			DATE		<u> </u>	
F Áftei	ILE NOW!!! F r May 1, 2003 1	FEE IS \$150.00 Fee will be \$550.00 orida Department of					9. Election Campaign Finar Trust Fund Contribution.			0 May Be to Fees	
10.		OFFICERS AND		11.	·-·· ·	AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRYANT, JEANE 423 N. GLENCOE RD NEW SMYRNA BEACH FL 32168		1					Ļ	Change	Addition	034 (10/02)
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NAME STREET ADDRESS CITY - ST - ZIP	-				E ET ADDRESS - ST- ZIP		19 19			•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	``.		Delete					C] Change	Addition	
indicated of the cor	l on this report or poration or the re , or on an att <u>ach</u> r	supplemental report is aceiver or trustee empo	true and accurate and that	it my signat ort as requir	ure shall have the	same l	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat da Statutes; and that my name a	h; that I am ppears in B	an officer o lock 10 or l	or director Block 11 if	
SIGNAT	URE:	SIGNATURE AND TYPED OR PR	IRE RECUE		- YOU	104	T 1/1/0-		- 74	2.7.76	te