FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 23 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 567544

1. Corporation Name
~~STEPHEN A. LaDUE, D.V.M., P.A.~~
Amended to: Tampa Animal Medical Center, Inc.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 4/1/78
3a. Date of Last Report:

2. Principal Place of Business
21 3816 W. Humphrey St.
22 Suite, Apt. #, etc.
23 City & State: Tampa, Florida
24 Zip: 33614
25 Country: U.S.A.

2a. Mailing Address
26 3420 Ocean Park Blvd.
27 Suite, Apt. #, etc.
28 City & State: Santa Monica, CA
29 Zip: 90405
30 Country: U.S.A.

4. FEI Number: 59-2223497 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation was liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILHITE, SARAH P.A.
3812 GUNN HWY
TAMPA, FL 33624

10. Name and Address of New Registered Agent

81 Name: C T CORPORATION SYSTEM
82 Street Address (P.O. Box Numbers Not Acceptable): 1200 SOUTH PINE ISLAND RD.
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: Connie Boyer Assist. Vice Secretary 6-23-95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and CEO Robert Antin 3420 Ocean Park Blvd. Santa Monica, CA 90405	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Neil Tauber 3420 Ocean Park Blvd. Santa Monica, CA 90405	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001522931 -06/26/95--01041--003 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Arthur Antin 3420 Ocean Park Blvd. Santa Monica, CA 90405	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-CFO Tomas Fuller 3420 Ocean Park Blvd Santa Monica, CA 90405	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Tomas Fuller VP-CFO