


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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 567544 (2)**  
1. Corporation Name  
**TAMPA ANIMAL MEDICAL CENTER, INC.**

Principal Place of Business <b>3816 W HUMPHREY ST. TAMPA FL 33614</b>	Mailing Address <b>3420 OCEAN PARKKK BLVD. SANTA MONICA CA 90405</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/01/1978</b>	
4. FEI Number <b>59-2223497</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		5. \$5.00 May Be Added to Fees	

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

Signature, typed or printed name of registered Agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	
NAME	ANTIN, ROBERT	1.2 NAME	
STREET ADDRESS	3420 OCENA PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	TAUBER, NEIL	2.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	ANTIN, ARTHUR	3.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	3.4 CITY-ST-ZIP	
TITLE	VCFO	4.1 TITLE	
NAME	FULLER, TOMAS	4.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

(310) 392-9599

Date

Daytime Phone #

0560178

CR2E034 (10/97)