

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 012 ***150.00

DOCUMENT # 567544

1. Entity Name

TAMPA AMIMAL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
3816 W. HUMPHREY ST. TAMPA, FL 33614	12401 W. OLYMPIC BLVD. LOS ANGELES, CA 90064

2. Principal Place of Business	3. Mailing Address
3816 W. HUMPHREY ST.	12401 W. OLYMPIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
LOS ANGELES, CA

4. FEI Number
59-2223497

Applied For
Not Applicable

Zip
3614

Country
USA

Zip
90064

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

Signature, typed or printed name of registered agent and title if applicable. (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 NOV/01 FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PRES/CEO/DIR	<input type="checkbox"/> Delete
NAME	ROBERT L. ANTIN	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	

TITLE	VP/DIR	<input type="checkbox"/> Delete
NAME	NEIL TAUBER	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	

TITLE	SEC/DIR	<input type="checkbox"/> Delete
NAME	ARTHUR J. ANTIN	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	

TITLE	TREASURER/CFO	<input type="checkbox"/> Delete
NAME	TOMAS W. FULLER	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS W. FULLER

4/23/01

Date

(310) 584-6500

Daytime Phone #