

04201999-90156-009-\$150.00-\$150.00

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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90156 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 693619  
1. Corporation Name  
SPANISH RIVER ANIMAL HOSPITAL, INC.

Principal Place of Business Mailing Address  
% JOHN PHILLIPS  
180 WEST SPANISH RIVER BLVD  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/07/1981

4. FBI Number  
59-2107258

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21

22. Mailing Address  
22  
Veterinary Centers of America  
3420 Ocean Park Blvd. #1000  
Santa Monica, CA  
90405

Suite, Apt. #, etc.  
23

City & State  
24

Zip  
25

Country  
26

9. Name and Address of Current Registered Agent  
PHILLIPS, JOHN  
180 W SPANISH RIVER BLVD  
BOCA RATON, FL  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
B1 Name  
RT Corporation System  
B2 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.  
B3  
B4 City  
Plantation FL  
B5 Zip Code  
32324

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]* DATE 5/10/99

12. OFFICERS AND DIRECTORS		13. ASSISTANT SECRETARIES/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHILLIPS, MARY E 180 W SPANISH RIVER BLVD BOCA RATON, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Robert Antin 3420 Ocean Park Blvd. #1000 Santa Monica, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, JOHN E 180 W SPANISH RIVER BLVD BOCA RATON, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Arthur Antin 3420 Ocean Park Blvd. #1000 Santa Monica, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer Neil Tauber 3420 Ocean Park Blvd. #1000 Santa Monica, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CFO Thomas Fuller 3420 Ocean Park Blvd. #1000 Santa Monica, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4/15/99 (310) 392-9599

CR2E034 (1/1/98)