

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

05-23-2001 91156 001 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 693619

1. Entity Name

SPANISH RIVER ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

C/O JOHN PHILLIPS 12401 W. OLYMPIC BLVD.  
180 W. SPANISH RIVER LOS ANGELES, CA 90064  
BLVD.  
BOCA RATON, FL 33431

00056050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 W. SPANISH RIVER

3. Mailing Address

12401 W. OLYMPIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

LOS ANGELES, CA

4. FEI Number

59-2107258

Applied For

Not Applicable

Zip

33431

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 NOW!!! 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES/CEO/DIR ☐ Delete  
NAME ROBERT L. ANTIN  
STREET ADDRESS 12401 W. OLYMPIC BLVD.  
CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VP/DIR ☐ Delete  
NAME NEIL TAUBER  
STREET ADDRESS 12401 W. OLYMPIC BLVD.  
CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE SEC/DIR ☐ Delete  
NAME ARTHUR J. ANTIN  
STREET ADDRESS 12401 W. OLYMPIC BLVD.  
CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE TREASURER/CFO ☐ Delete  
NAME TOMAS W. FULLER  
STREET ADDRESS 12401 W. OLYMPIC BLVD.  
CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

TOMAS W. FULLER

4/23/01

(310) 584-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #