## 2000 UNIFORM BUSINESS REPORT (UBR)

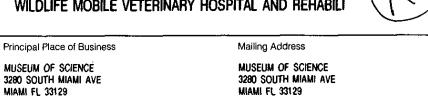
## **DOCUMENT # 753132** 1. Entity Name



## **FILED** Aug 10, 2000 8:00 am Secretary of State

08-10-2000 90010 030 \*\*\*\*61.25

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WILDLIFE	MODIFE	ACTERINANT	HUSTIIAL	AND	DELINDIF





2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State .		City & State	City & State		2-2031166		plied For		
Zip Country		Zip	Country	5. Certificate of Sta		8.75 Add	litional		
·	6. Name and Address of Current I	Registered Agent		7. Name and Addr	ess of New Registered Ag	ent			
			Name						
101 OCE/	, GREGORY AN LANE DRIVE,#408		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33149			City		FL	Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	gistered agent, or both, in the	he state of Florida.	·			
		J 3							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO)	E. Registered Agent signature re	equired when reinstating)	DATE				
	organistic, typed or printed mania or regulative agent a	, o mon approach.							
	FU # NOW FEE 10 464 85	• Floation Con	angian Eineneica	05.00	Maka Chasir De	wahla ta			
	FILE NOW: FEE IS \$61.25				i.00 May Be Make Check Payable to ded to Fees Department of State				
Aiter Sept	ember 13, 2000 min. will be \$2	50.25		7,0000 10 1 000	Department	or Otato			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	10		
TITLE	TD	☐ Delete	TITLE		[	Change	Addition		
NAME	AYLOR, JANICE		NAME						
STREET ADDRESS	14201 SW 23RD ST		STREET ADDRESS						
CITY-ST-ZIP	DAVIE FL .		CITY-ST-ZIP	·					
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition		
NAME	BOSSART, GREGORY		NAME '						
STREET ADDRESS*	101 OCEAN L'ANE DRIVE		STREET ADDRESS				-		
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP				_		
TITLE	SD	☐ Delete	TITLE			Change	☐ Addition		
NAME	OLIVER, DENNIS		NAME						
STREET ADDRESS	3225 N. ANDREWS AVE.		STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP				_		
TITLE	VD	☐ Delete	TITLE			Change	Addition		
NAME	MEALEY, BRIAN		NAME						
STREET ADDRESS	14201 SW 23RD ST		STREET ADDRESS						
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP						
TITLE	·= · · <u> </u>	☐ Delete	TITLE			Change	☐ Addition		
NAME		<b></b> 55.515	NAME			•			
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		<del></del>	Change	Addition		
NAME		L— Doloto	NAME		•	5-	_		
STREET ADDRESS			STREET ADDRESS						

12. 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

/CA/PY NATURE AND TYPED OR PRINTED POWE OF SIGNING OFFICER OR DIRECTOR