2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002
Secretary of State

DOCUMENT# 753132

Entity Name: WILDLIFE MOBILE VETERINARY HOSPITAL AND REHABILITATION UNIT, INC.

Current Principal Place of Business:

MUSEUM OF SCIENCE
3280 SOUTH MIAMI AVE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

MUSEUM OF SCIENCE
3280 SOUTH MIAMI AVE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-2031166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSSART, GREGORY
101 OCEAN LANE DRIVE,#408
MIAMI, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: AYLOR, JANICE,
Address: 14201 SW 23RD ST
City-St-Zip: DAVIE, FL

Title: PD ( ) Delete
Name: BOSSART, GREGORY,
Address: 101 OCEAN LANE DRIVE
City-St-Zip: MIAMI, FL 00000,

Title: SD ( ) Delete
Name: OLIVER, DENNIS,
Address: 3225 N. ANDREWS AVE.
City-St-Zip: FT LAUDERDALE, FL 00000,

Title: VD ( ) Delete
Name: MEALEY, BRIAN,
Address: 14201 SW 23RD ST
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MEALEY VD 08/13/2002

Electronic Signature of Signing Officer or Director — Date