

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 753132

FILED  
Aug 14, 2003  
Secretary of State

**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:

10910 CAMERON CT  
SUITE 103  
MIAMI, FL 33129 US

## Current Mailing Address:

MUSEUM OF SCIENCE  
3280 SOUTH MIAMI AVE  
MIAMI, FL 33129

## New Mailing Address:

MUSEUM OF SCIENCE  
3280 SOUTH MIAMI AVE  
DAVIE, FL 33324 US

FEI Number: 59-2031166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

MEALEY, BRIAN K PD  
10910 CAMERON CT  
103  
DAVIE, FL 33324 US

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: BRIAN MEALEY

08/14/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEALEY, BRIAN,  
Address: 10910 CAMERON CT #103  
City-St-Zip: DAVIE, FL 33324 US

Title: VD (X) Change ( ) Addition  
Name: BALDWIN, JOHN,  
Address: SW 26TH STREET  
City-St-Zip: SUNRISE, FL 33324 US

Title: TD (X) Change ( ) Addition  
Name: ZIEGLER, CYNTHIA,  
Address: 8440 S.E. 21ST STREET  
City-St-Zip: OCALA, FL 34480 US

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

PD

08/14/2003

Electronic Signature of Signing Officer or Director

Date