

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005028

1. Entity Name  
**VETERINARY CENTERS OF AMERICA, INC.**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90028 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br>3420 OCEAN PARK BLVD.<br>SUITE 1000<br>SANTA MONICA CA 90405<br>US | Mailing Address<br>3420 OCEAN PARK BLVD.<br>SUITE 1000<br>SANTA MONICA CA 90405-3317<br>US |
|---|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>12401 West Olympic Blvd.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>12401 West Olympic Blvd.</b><br>Suite, Apt. #, etc. |
|--|--|

|  |  |
|--|--|
| City & State<br><b>Los Angeles, CA</b> | City & State<br><b>Los Angeles, CA</b> |
|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>95-4097995</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>90064</b> | Country<br><b>USA</b> | Zip<br><b>90064</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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, 2000 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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ANTIN, ROBERT L</b><br><b>3420 OCEAN PARK BLVD., STE. 1000</b><br><b>SANTA MONICA CA</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b><br><b>ANTIN, ARTHUR J</b><br><b>3420 OCEAN PARK BLVD., STE. 1000</b><br><b>SANTA MONICA CA</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>FULLER, TOMAS</b><br><b>3420 OCEAN PARK BLVD., STE. 1000</b><br><b>SANTA MONICA CA</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>TAUBER, NEIL</b><br><b>3420 OCEAN PARK BLVD., STE. 1000</b><br><b>SANTA MONICA CA</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>12401 West Olympic Blvd.</b><br><b>Los Angeles, CA 90064</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>12401 West Olympic Blvd.</b><br><b>Los Angeles, CA 90064</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>12401 West Olympic Blvd.</b><br><b>Los Angeles, CA 90064</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>12401 West Olympic Blvd.</b><br><b>Los Angeles, CA 90064</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: \_\_\_\_\_ Date **1/27/2000** (310)584-6500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)