SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995.
AMOUNT DUE ON OR BEFORE [illegible]: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8: 19

DOCUMENT # F93000005029 (4)

1. Corporation Name

VCA HOWELL BRANCH ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
3420 OCEAN PARK BLVD. SUITE 1000 SANTA MONICA CA 90405 US	3420 OCEAN PARK BLVD. SUITE 1000 SANTA MONICA CA 90405 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11/05/1993
3a. Date of Last Report: 07/12/1994
4. FEI Number: 95-4445010 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ANTIN, ROBERT L	1.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	1.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA MONICA CA	1.4 CITY, ST, ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTIN, ARTHUR J	2.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	2.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA MONICA CA	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, TOMAS	3.2 NAME	
STREET ADDRESS	3420 OCAN PARK BLVD., STE. 1000	3.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA MONICA CA	3.4 CITY, ST, ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TAUBER, NEIL	4.2 NAME	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	4.3 STREET ADDRESS	
CITY, ST, ZIP	SANTA MONICA CA	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0[illegible] PH