

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # F93000005029 (4)

1. Corporation Name

VCA HOWELL BRANCH ANIMAL HOSPITAL, INC.



Principal Place of Business

3420 OCEAN PARK BLVD.
SUITE 1000
SANTA MONICA CA 90405
US

Mailing Address

3420 OCEAN PARK BLVD.
SUITE 1000
SANTA MONICA CA 90405
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 1401 Howell Branch Rd

Suite, Apt. #, etc.

22

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee, if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANTIN, ROBERT L
STREET ADDRESS 3420 OCEAN PARK BLVD., STE. 1000
CITY-ST-ZIP SANTA MONICA CA

☐ DELETE

TITLE VSD
NAME ANTIN, ARTHUR J
STREET ADDRESS 3420 OCEAN PARK BLVD., STE. 1000
CITY-ST-ZIP SANTA MONICA CA

☐ DELETE

TITLE V
NAME FULLER, TOMAS
STREET ADDRESS 3420 OCEAN PARK BLVD., STE. 1000
CITY-ST-ZIP SANTA MONICA CA

☐ DELETE

TITLE VD
NAME TAUBER, NEIL
STREET ADDRESS 3420 OCEAN PARK BLVD., STE. 1000
CITY-ST-ZIP SANTA MONICA CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

CR2E034 (10/97)