

F95000006190

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

VCA St. Petersburg Animal Hospital, Inc.

- ☐ Profit ☐ Amendment ☐ Merge
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
☐ Limited Liability Co.
☐ Foreign ☐ Annual Report ☐ Other
☐ Limited Partnership ☐ Reservation ☒ Change of R.A.
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/01/97

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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: VCA ST. PETERSBURG ANIMAL HOSPITAL, INC.

1b. Date of incorporation 12/19/95 Document number F95000006190

2. The name and address of the current registered agent and office:

NRAI Services, Inc.

526 E. Park Avenue, Tallahassee, Florida 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE

January 23, 1997

DATE

Tomas W. Fuller, Vice President

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: C T CORPORATION SYSTEM

Thomas C. Totaro
Assistant Secretary

(Registered Agent)
March 12, 1997

DATE March 12, 1997

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314