

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2000 90028 023 ***150.00

DOCUMENT # F95000006190
 1. Entity Name
VCA ST. PETERSBURG ANIMAL HOSPITAL, INC.

Principal Place of Business 3295 62ND AVE N ST PETE FL 33702 US	Mailing Address 3420 OCEAN PARK BLVD., STE. 1000 SANTA MONICA CA 90405-3317
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2. Principal Place of Business	3. Mailing Address 12401 West Olympic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Los Angeles, CA
Zip	Country
	90064 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4553986	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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	CP	<input type="checkbox"/> Delete
NAME	ANTIN, ROBERT	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ANTIN, ARTHUR	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAUBER, NEIL	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	V	<input type="checkbox"/> Delete
NAME	FULLER, TOMAS	
STREET ADDRESS	3420 OCEAN PARK BLVD., STE. 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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** Daytime Phone #: **(310) 584-6500**

CR2E034 (9/99)