2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500006190 05-23-2001 91156 005 ***150.00 1. Entity Name VCA ST. PETERSBURG ANIMAL HOSPITAL, INC Principal Place of Business Mailing Address 3295 62ND AVE N. 12401 W. (LYMPIC BLVD. ST. PETERSBURG, FL LOS ANGELES, CA 90064 33702 00056046 2. Principal Place of Business 3. Mailing Address 3295 62ND AVE N. 12401 W. CLYMPIC BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST. PETERSBURG, ΓL LOS ANGELES 95-4553986 Not Applicable Zip Country Zip Country \$8.75 Additional 33702 5. Certificate of Status Desired 90064-1022 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 FILE NO\VIII FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES/CEO/DIR TITLE Delete TITLE Addition NAME ROBERT L. ANTIN NAME STREET ADDRESS 12401 W. OLYMPIC BLVD. STREET ADDRESS CITY - ST - ZIP LOS ANGELES, CA 90064-1022 CITY - ST - ZIP TITLE VP/DIR Delete TITLE Change Addition NAME NEIL TAUBER NAME STREET ADDRESS 12401 W. OLYMPIC BLVD. STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP LOS ANGELES, CA 90064-1022 TITLE SEC/DIR Delete TITLE Addition NAME ARTHUR J. ANTIN NAME STREET ADDRESS 12401 W. OLYMPIC BLVD. STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP LOS ANGELES, CA 90064-1022 TITLE TREASURER/CFO Delete TITLE Change Addition TOMAS W. FULLER NAME NAME STREET ADDRESS 12401 W. OLYMPIC BLVD. STREET ADDRESS CITY - ST - ZIP LOS ANGELES, CA 90064-1022 CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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 co ration or the receiver or trustee empowerec to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Bloc attachment with an address, with all other like empowered. artued. o SIGNATURE:

TOMAS W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FULLER

Date

FILED May 23, 2001 8:00 am Secretary of State

4 23 101 (310)584-6500Daytime Phone #