

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91156 008 ***150.00

DOCUMENT # F97000006477
 1. Entity Name

VCA ANIMAL HOSPITALS, INC.

Principal Place of Business	Mailing Address
12401 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	12401 W. OLYMPIC BLVD. LOS ANGELES, CA 90064

D0056043

2. Principal Place of Business	3. Mailing Address
12401 W. OLYMPIC BLVD.	12401 W. OLYMPIC BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
LOS ANGELES, CA	LOS ANGELES, CA	95-4574532	Not Applicable
Zip	Country	Zip	Country
90064-1022	USA	90064-1022	USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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 _____

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 tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES/CEO/DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL TAUBER	NAME	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	CITY - ST - ZIP	
TITLE	SEC/DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR J. ANTIN	NAME	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	CITY - ST - ZIP	
TITLE	TREASURER/CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMAS W. FULLER	NAME	
STREET ADDRESS	12401 W. OLYMPIC BLVD.	STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES, CA 90064-1022	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  **TOMAS W. FULLER** **4/23/01** **(310) 584-6500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #