

DOCUMENT # F98000002103

1. Entity Name

MARTIN H. ZARNETT, D.V.M., P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90044 032 ***150.00

Principal Place of Business: 127 LANCASTER RD FREEHOLD NJ 07728
Mailing Address: 127 LANCASTER RD FREEHOLD NJ 07728-3110

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal and mailing addresses.



DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-2818264
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ZARNETT, MARTIN H DVM, 2221 NE 7TH ST, HALLANDALE FL 33009

7. Name and Address of New Registered Agent: Name, Street Address, 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, 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

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like ZARNETT, MARTIN H, ZARNETT, LAURIE, YARBOROUGH, WILLIAM, RABENSTEIN, RUSSELL, ENGEL, IRENE.

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: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 954-4574305
Date Daytime Phone #