

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90069 043 ***150.00

DOCUMENT # F99000001658

1. Entity Name

VCA PROFESSIONAL ANIMAL LABORATORY, INC.

Principal Place of Business

Mailing Address

~~3420 OCEAN PARK BLVD, SUITE 1000~~
~~SANTA MONICA CA 90405~~

~~3420 OCEAN PARK BLVD, SUITE 1000~~
~~SANTA MONICA CA 90405-3317~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17672-A COWAN

3. Mailing Address

17672-A COWAN, ~~Santa Monica~~

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

IRVINE, CA

City & State

IRVINE, CA

4. FEI Number

95-4484971

Applied For

Not Applicable

Zip

92614

Country

USA

Zip

92614

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTIN, ROBERT L	
STREET ADDRESS	3420 OCEAN PARK BLVD, SUITE 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTIN, ARTHUR J	
STREET ADDRESS	3420 OCEAN PARK BLVD, SUITE 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAUBER, NEIL	
STREET ADDRESS	3420 OCEAN PARK BLVD, SUITE 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	FULLER, TOMAS W	
STREET ADDRESS	3420 OCEAN PARK BLVD, SUITE 1000	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 W. OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064-1022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 W. OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064-1022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 W. OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064-1022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12401 W. OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064-1022	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP-CONTROLLER	
STREET ADDRESS	BRUCE BARGMANN	
CITY-ST-ZIP	12401 W. OLYMPIC BLVD	
	LOS ANGELES, CA 90064-1022	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 949 752 5612 ext 32

FILED (11/19/99)