2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2003
Secretary of State

DOCUMENT# H12652

Entity Name: ADVENTURE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-1845146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONSACK, FRANK A.
8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	BONSACK, FRANK A.,	
Address:	8210 WESTRIDGE DR	
City-St-Zip:	TAMPA, FL 33615 US	
Title:	DVS	( ) Delete
Name:	BONSACK, BARBARA G.,	
Address:	8210 WESTRIDGE DR	
City-St-Zip:	TAMPA, FL 33615 US	
Title:	DV	( ) Delete
Name:	HULL, MARIA I.	
Address:	8 ULCO DRIVE #B	
City-St-Zip:	FRANKLIN, NC 28734 US	
Title:	VD	( ) Delete
Name:	BEST, KATHY A.	
Address:	111 HUNTERS GLEN	
City-St-Zip:	LUFKIN, TX 75904 US	
Title:	VD	( ) Delete
Name:	BONSACK, FRANK C	
Address:	8617 JACKSON SPRINGS ROAD REAR	
City-St-Zip:	TAMPA, FL 33615 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	BONSACK, FRANK C	
Address:	8006 SUTTON TERRACE LANE	
City-St-Zip:	TAMPA, FL 33615 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA G. BONSACK DVS 03/15/2003

Electronic Signature of Signing Officer or Director — Date