

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # H33110
1. Entity Name
ROYAL PALM ANIMAL HOSPITAL, INC.
Principal Place of Business
**610 ROYAL PALM BCH.BLD.
ROYAL PALM BCH. FL 33411**
Mailing Address
**610 ROYAL PALM BCH.BLD.
ROYAL PALM BCH. FL 33411**
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip
Country
6. Name and Address of Current Registered Agent
**SCHNEIDER, GARY A.
11924 FOREST HILL BLVD.,STE.2
W.PALM BCH. FL 33414**
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, 2002 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
**PS
RINGER, RICHARDS DVM
610 ROYAL PALM BEACH BVD
ROYAL PALM BCH FL**
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #
0359750
AV
**FILED
Jan 14, 2002 8:00 am
Secretary of State**
01-14-2002 90026 038 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2494601	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required
CR2E034 (9/01)