

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90063 039 ***150.00

DOCUMENT # H74073

1. Entity Name

SIMMONS VETERINARY CLINIC, INC.

Principal Place of Business

**4975 LAKE WORTH RD
 LAKE WORTH FL 33463**

Mailing Address

**4975 LAKE WORTH RD
 LAKE WORTH FL 33463-3457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2578452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMMONS, KENNETH J
 4975 LAKE WORTH RD
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

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** Delete
 NAME: **SIMMONS, KENNETH J.**
 STREET ADDRESS: **4975 LAKE WORTH RD**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **STD** Delete
 NAME: **SIMMONS, ALICE M.**
 STREET ADDRESS: **4975 LAKE WORTH RD**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: **V/S/T/D** Change Addition
 NAME: **SIMMONS, ALICE M.**
 STREET ADDRESS: **4975 LAKE WORTH RD**
 CITY-ST-ZIP: **LAKE WORTH, FL 33463**

TITLE: **D** Delete
 NAME: **SIMMONS, KENNETH J.**
 STREET ADDRESS: **4975 LAKE WORTH RD**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VD** Delete
 NAME: **JIMENEZ, RAUL DVM**
 STREET ADDRESS: **4975 LAKE WORTH RD**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *Alice M. Simmons*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICE M. SIMMONS, 3/28/00
 Date

561-439-3220
 Daytime Phone #