12006 FOR PROFIT CORPORAT®ON ...

Secretary of State DOCUMENT # J01401 05-02-2006 90229 008 ***150.00 1. Entity Name EMERGENCY VETERINARY CLINIC OF SARASOTA, INC. Principal Place of Business Mailing Address 66020784 SUITE 107 **SUITE 107** 7517 SOUTH TAMIAMI TRAIL 7517 SOUTH TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 59-2652299 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCURIO, JOHN J Street Address (P.O. Box Number is Not Acceptable) 713 S. ORANGE AVENUE SARASOTA, FL 34236 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition **NEUTZLING, NICHOLAS** NAME NAME STREET ADDRESS 2316 STICKNEY POINT ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BOTELSON, ROGER A NAME NAME 340 N. INDIANA AVE STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME HASSE, JAN M NAME STREET ADDRESS 4364 PASADENA CIRCLE STREET ADDRESS SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered. G OFFICER OR DURECTOR Date Daytene Phone

FILED Jun 27, 2006 8:00 am