2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J48201** Feb 20, 2000 8:00 am 1. Entity Name PERSHING OAKS ANIMAL HOSPITAL, INC. **Secretary of State** 02-20-2000 90044 024 ***150.00 Mailing Address Principal Place of Business 3240 GOLDENROD ROAD S 3240 GOLDENROD ROAD S ORLANDO FL 32822 ORLANDO FL 32822-5735 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-2760045 Not Applicable Country \$8.75 Additional Country Zìp 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-7, Name and Address of New Registered Agent ____-Name MAHLER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 3240 GOLDENROD ROAD S. ORLANDO FL 32822 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition TITLE ☐ Delete MAHLER, JAMES R. NAME NAME 3240 GOLDENROD ROAD S STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ORLANDO FL Addition ☐ Change ☐ Delete TITLE TITLE JANSSON, PAUL C. NAME STREET ADDRESS STREET ADDRESS 3240 GOLDENROD ROAD S CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL [F] Change [] Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-249-0220

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