FILED

Jan 27, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Secretary of State K54706 **DOCUMENT #** 01-27-2003 90354 043 ***150.00 1. Entity Name SIMMONS & FULLERTON, D.V.M., P.A. Principal Place of Business Mailing Address 2701 NORTH MONROE STREET 2701 NORTH MONROE STREET TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2924167 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 Name SIMMONS, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 2701 NORTH MONROE STREET TALLAHASSEE FL 32303 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) Change Addition TITLE TITLE ☐ Delete FULLERTON, RANDY S. NAME NAME 2701 N. MONROE STREET STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE SIMMONS, GEORGE W NAME NAME STREET ADDRESS 2701 NORTH MONROE STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TD Delete Change ☐ Addition TITLE TITLE BURKHEAD, SHANE M NAME NAME 2701 N. MONROE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplies 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 peport 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

SIGNATURE:

E AND TYPED OR PRINTED NAME OF

address, with all other like empowered