

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80115

1. Entity Name
SOUTH DIXIE ANIMAL HOSPITAL, INC.

Principal Place of Business
6510 S. DIXIE HWY
WEST PALM BEACH FL 33405-0229

Mailing Address
6510 S. DIXIE HWY
WEST PALM BEACH FL 33405-0229

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 65-0120758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE R COREN
6510 S DIXIE HWY
W PALM BCH FL 33405

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COREN, BRUCE 225 DYER RD W PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Coren, Bruce 1209 N. Flagler Dr W Palm Bch FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90127 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

South Dixie Animal Hospital, Inc.

6510 S. Dixie Highway
West Palm Beach, FL 33405
561 (407) 585-0097

K 80115

121745

June, 20, 2002

Dear Sirs,

I am writing this letter to send a replacement check for the check that was mailed with this report, that may have been inadvertently misplaced. The unsigned check stapled to my report does not belong to our corporation. Apparently your letter did not get to my attention, until after my book keeper waited to see if the check she sent cleared. Since we have not seen it clear a replacement is enclosed.

Respectfully,



Bruce R. Coren DVM, MS
President