

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90056 005 \*\*\*\*\*50.00

**DOCUMENT # L00000011291**

1. Entity Name

**PLANTATION ANIMAL HOSPITAL, PL**

Principal Place of Business

**4585 GUNN HIGHWAY  
TAMPA FL 33624**

Mailing Address

**4585 GUNN HIGHWAY  
TAMPA FL 33624**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3675475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HINES, JAMES P ESQ.  
C/O HINES, NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MCCAMPBELL, WILLIAM A**  
STREET ADDRESS **4585 GUNN HIGHWAY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *William A. McCampbell*  
*W. McCampbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2/5/02 813-968-3393*

CR2E083 (9/01)