

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90574 027 ***150.00

DOCUMENT # L70226

1. Entity Name
CATCARE FELINE HOSPITAL, P.A.

R

Principal Place of Business
 1502 SE PORT ST. LUCIE BLVD.
 PT ST. LUCIE FL 34952

Mailing Address
 1502 SE PORT ST. LUCIE BLVD.
 PT ST. LUCIE FL 34952

AVU73395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0199611**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARLINE, TERRELL K., P.A.
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BORREGO, ENRIQUE	
STREET ADDRESS	1502 SE PORT SAINT LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

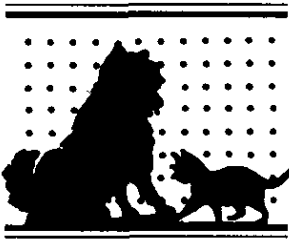
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Enrique Borrego, DVM

8-12-00 **561-337-9464**
 Date Daytime Phone #

CR2E034 (5/00)



Attachment N 70226
A0673395

ANIMAL

General Hospital

ENRIQUE BORREGO, D.V.M.

(407) 337-9464

1502 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952

August 12, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed in check number 8706, \$150.00, for corporation document #L70226. The check is being sent at this time because we did not receive the first mailing.

If there are any questions or changes, please contact our office at 561-337-9464.

Thank you,

Nancy L. Stamm
Office Manager

enclosure

EB/nls