2000 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2000 8:00 am DOCUMENT # L89621 1. Entity Name Secretary of State MILES AND GARBER, INC. 02-18-2000 90107 003 ***150.00 Mailing Address Principal Place of Business ANIMAL EMERGENCY CLINIC ANIMAL EMERGENCY CLINIC 3425 FOREST HILL BLVD 3425 FOREST HILL BLVD DODMPPDD D W. PALM BEACH FL 33406-5814 W. PALM BEACH FL 33406 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0204322 Not Applicable \$8.75 Additional Country Zip -- Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILES, CHARLES R., JR. D.V.M. Street Address (P.O. Box Number is Not Acceptable) 100 CLAREMONT LANE #8 PALM BEACH SHORES FL 33404 3425 FOREST HILL BLUD City W. PMM BEACH FL 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 (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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE MILES, CHARLES, R, JR NAME NAME STREET ADDRESS 100-8 CLAREMONT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH SHORES FL Delete TITLE TITLE GARBER, RUDOLPH, C, III NAME NAME 3425 FOREST HILL BLVD W. PAM BEACK, FL 33406 STREET ADDRESS 100-8 CLAREMONT LANE STREET ADDRESS CITY-ST-ZIP PALM BEACH SHORES FL CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP