2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99/899

1. Entity Name

VetCor of Lake Worth LLC

Principal Place of Business	Mailing Address
1110 2nd Ave. North Lake Worth, FL 33460	c/o The VetCor Group 350 Lincoln Place Hingham, MA 02043

2. Principal Place of Business (d/b/a):
Lake Worth Animal Hospital

Suite, Apt. #, etc.
1110 2nd Ave. North

City & State
Lake Worth, FL

Zip 33460   Country USA

3. Mailing Address
c/o The VetCor Group

Suite, Apt. #, etc.
350 Lincoln Place

City & State
Hingham, MA

Zip 02043   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3389094   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324	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

9. MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES	
TITLE Sole Member-Manager NAME VetCor Professional Practices LLC STREET ADDRESS 350 Lincoln Place CITY-ST-ZIP Hingham, MA 02043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003292685--4 -06/15/00--01113--010 *****50.00 · *****50.00	☐ Change	☐ Addition
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CR2E083 (11/99)

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.

VetCor Professional Practices LLC, Sole Member - Manager

SIGNATURE: By: _____   5/30/00   (781) 749-8151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

Peter R. DeFeo, Esq.. Vice President and General Counsel