

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

100 JUN -2 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **ma9 / 900**

1. Entity Name

**VetCor of Bardmoor LLC**

Principal Place of Business

**11405 Starkey Rd.  
Largo, FL 33773**

Mailing Address

**clo. VetCor Group  
350 Lincoln Place  
Hingham, MA 02043**

2. Principal Place of Business (d/b/a):

**Avian + Animal Hospital of Bardmoor**

3. Mailing Address

**clo. The VetCor Group**

Suite, Apt. #, etc.

**11405 Starkey Rd.**

Suite, Apt. #, etc.

**350 Lincoln Place**

City & State

**Largo, FL**

City & State

**Hingham, MA**

Zip

**33773**

Country

**USA**

Zip

**02043**

Country

**USA**

4. FEI Number

**04-3389094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE **Sole Member-Manager** ☐ Delete  
NAME **VetCor Professional Practices LLC**  
STREET ADDRESS **350 Lincoln Place**  
CITY-ST-ZIP **Hingham, MA 02043**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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

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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.

**VetCor Professional Practices LLC, Sole Member-Manager**

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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

**5/30/00**

Date

**(781) 749-8151**

Daytime Phone #

CR2E083 (1/99)