

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 028 ****50.00

DOCUMENT # M99000000900

1. Entity Name

VETCOR OF BARDMOOR LLC

Principal Place of Business

Mailing Address

**AA405 STARKEY RD.
 LARGO FL 33773**

**C/O THE VETCOR GROUP
 350 LINCOLN PLACE
 HINGHAM MA 02043**

2. Principal Place of Business

**Avian + Animal Hospital of
 Bardmoor
 Suite, Apt. #, etc. 11405 Starkey Ave.
 City & State Largo, FL
 Zip 33773**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **06-1592604**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM** ☐ Delete
 STREET ADDRESS **VETCOR PROFESSIONAL PRACTICES LLC**
 CITY-ST-ZIP **350 LINCOLN PLACE
 HINGHAM MA 02043**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/11/02 781-749-8151

CR2E083 (4/02)