

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005908

1. Entity Name

THE INSTITUTE OF VETERINARY CRITICAL CARE AND EMERGENCY MEDICINE, INC.

Principal Place of Business

Mailing Address

2818 NE 37TH ST
FT LAUDERDALE FL 33308

2818 NE 37TH ST
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1133090

Applied For

Not Applicable

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

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME P ZASLOW, I M. ☐ Delete
STREET ADDRESS 2818 NE 37TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE NAME V LANMAN, LORNA ☐ Delete
STREET ADDRESS 2818 NE 37TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE NAME T SPALT, KIMBERLY S ☐ Delete
STREET ADDRESS 2818 NE 37TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE NAME S HOSIE, SUANN ☒ Delete
STREET ADDRESS 2818 NE 37TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
Date

954-568-5534
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)