2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# N02000009156

Entity Name: PET THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

2693 S BALDWIN DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2693 S BALDWIN DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 13-4222848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MC AINDRIU, COLM
2693 S BALDWIN DR
TALLAHASSEE, FL 32309

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MC AINDRIU, COLM
Address: 2693 S BALDWIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST ( ) Delete
Name: BEDONT, JILL D
Address: 2693 S BALDWIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: MC AINDRIU, COLM
Address: 2693 S BALDWIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition
Name: DR PATRICK, MELINDA
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317-630 US

Title: D ( ) Change (X) Addition
Name: BARRON, KAREN
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317-630 US

Title: D ( ) Change (X) Addition
Name: FITZPATRICK, ROBBIN
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317-630 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLM MCAINDRIU PT 04/24/2003

Electronic Signature of Signing Officer or Director — Date