

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0036947 AV

DOCUMENT # P00000084901
 i. Entity Name
/ETERINARY MOBILE ENDOSCOPY & DIAGNOSTICS, P.A.

02-11-2002 90087 026 ***150.00

Principal Place of Business Mailing Address
25001 FADETTE DRIVE 25001 FADETTE DRIVE
BROOKSVILLE FL 34601-7879 BROOKSVILLE FL 34601-7879

922876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2840 W Bay Dr #314 2840 W Bay Dr #314
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BELLEAIR BLUFFS FL

City & State City & State
BELLEAIR BLUFFS FL

4. FEI Number Applied For
59-3669775 Not Applicable

Zip Country Zip Country
33770 USA 33770 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CUYPERS, MAYLI D
2840 WEST BAY DRIVE, #314
BELLEAIR BLUFFS FL 33770

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	CUYPERS, MAYLI D	
STREET ADDRESS	2840 WEST BAY DRIVE, #314	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: **1/24/02** Daytime Phone #: **727 517-7200**

CR2E034 (9/01)