## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000104962

Entity Name: VETERINARY MEDICAL SOLUTIONS, INCORPORATED

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 142763 610 SW 164TH AVENUE GAINESVILLE, FL 32614 PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

P.O. BOX 142763 610 SW 164TH AVENUE GAINESVILLE, FL 32614 PEMBROKE PINES, FL 33027

FEI Number: 59-3683278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WIDENHOUSE, CHRISTOPHER W DR
2823 SW 40TH AVE.
GAINESVILLE, FL 32608

WIDENHOUSE, CHRISTOPHER W DR
610 SW 164TH AVENUE
PEMBROKE PINES, FL 33027

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: 04/25/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete Title: D/P (X) Change ( ) Addition Name: WIDENHOUSE, CHRISTOPHER W DR Name: WIDENHOUSE, CHRISTOPHER W DR

 Address:
 2823 SW 40TH AVE.
 Address:
 610 SW 164TH AVENUE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 PEMBROKE PINES, FL 33027

( ) Delete Title: (X) Change ( ) Addition Title: WIDENHOUSE, TAMARA S DR WIDENHOUSE, TAMARA S DR Name: Name: 2823 SW 40TH AVE. 610 SW 164TH AVENUE Address: Address: PEMBROKE PINES, FL 33027 GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip:

Title: D/V ( ) Delete Title: D/V (X) Change ( ) Addition Name: PECK, LYNN S DR Name: PECK, LYNN S DR

Address: 2600 SW WILLISTON RD., #404 Address: 2600 SW WILLISTON ROAD #404

City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: D/V ( ) Delete Title: D/V (X) Change ( ) Addition
Name: STOPEK, JOSHUA B Name: STOPEK, JOSHUA B

Address: 4610 SW 20TH TERR. Address: 4610 SW 20TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Address: GAINESVILLE, FL 32608

Title: D/S ( ) Delete Title: D/S (X) Change ( ) Addition

 Name:
 KIRK, JAMES F DR
 Name:
 KIRK, JAMES F DR

 Address:
 2721 NW 104TH COURT, #3
 Address:
 2721 NW 104TH COURT #3

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. TAMARA S. WIDENHOUSE D/T 04/25/2002