Apr-30-02 11:27A PATIENCE ACCOUNTING 305

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 13, 2002 8:00 am**
**Secretary of State**
05-15-2002 90087 028 ***150.00

DOCUMENT # P01000054759

1. Entity Name
DOC SYN'S VETERINARY CARE INC

| Principal Place of Business | Mailing Address |
|---|---|
| 19950 OVERSEAS HIGHWAY<br>SUGARLOAF KEY FL 33042 | 19950 OVERSEAS HIGHWAY<br>SUGARLOAF KEY FL 33042 |

22725 Overseas Hwy

2. Principal Place of Business
c/o Doc Syn's Vet Care
Suite, Apt. #, etc.
Cudjoe Key, FL
City & State
Zip 33042 Country Monroe

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1123724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SANDHUSEN, CYNTHIA
19950 OVERSEAS HIGHWAY
SUGARLOAF KEY FL 33042

7. Name and Address of New Registered Agent
Name Cynthia Sandhusen
Street Address (P.O. Box Number is Not Acceptable)
22725 Overseas Hwy
City Cudjoe Key FL Zip Code 33042

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See note 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 DIRECTIONS

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---|
| TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Sandhusen, Cynthia<br>22725 Overseas Hwy<br>Cudjoe Key, FL 33042 | ☐ Change ☒ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Add |

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:** Cynthia Sandhusen Beatrice Mayo agent for Dr Cynthia Sandhusen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR