2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000117644 **DOCUMENT #**

1. Entity Name

Principal Place of Business

FULLER VETERINARY CLINIC, INC.



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90050 050 ***150.00

Suite, Apt. #, etc. Suite, Ap	852 S.R. 21 MELROSE FL US 2. Principal F	32666	SUITE Dayto US	630 N. WILD LOIVE AVE. SUITE A DAYTONA BEACH FL 32118 US 3. Mailing Address										
City & State City & State Country 270 2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>	CHECK HERE	IF MAKING,	CHANGE	s			
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Secretary Secr	Only di Oral						ACH FC		4. '	APPLIED-FO) R~			,
Name and Address of Current Registered Agent	Zip		Country	Zip		ı	•		5. (Certificate of Status Desired				7
HOPE, A. BICE 408 WEST UNIVERSITY AVENUE SUITE #406 GANNESVILLE FL 32601 City FL Zip Code Into coligations of registered agent are time purpose of changing its registered office or registered agent are time from the purpose of changing its registered discourage registered agent are time from the purpose of changing its registered office or registered agent are time from the purpose of changing its registered office or registered agent are time from the purpose of changing its registered office or registered agent are time from the purpose of changing its registered office or registered agent are time from the purpose of changing its registered office or registered agent are time from the purpose of changing its registered office or registered agent are time from the from the purpose of changing its registered office or registered agent are time from the from the from the purpose of changing its registered office or registered agent are time. SIGNATURE FILE NOWN!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE BY DP FULLER, DAVID D JR SITERIA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DVP FULLER, DAVID D JR SITERIA ADDITIONS SITERIA ADDI		6. Name	and Address of Current F							7. Name and Address of New Registered Agent				
A08 WEST UNIVERSITY AVENUE SUITE #408 GAINESVILLE FL 32601 City FL Zip Code 6. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with and accept the obligations of registered agent, or both, in the State of Forida Delate of Trust Regis				Name)						ŀ			
SUITE #408 GAINESVILLE FL 32801	HOPE, A.	BICE			Street Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE FL 32601 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, pose or prime name of registered agent and ties it applicable. Possible	408 WES	T UNIVERSIT	ty avenue											╣
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 Fordia. I am familiar with, and accept the obligations of registered agent and size if applicable. Signature														
SIGNATURE Signature True	GAINESVI	LLE FL 3260	01			City					FL	Zip Co	de	
FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$55.00 black blac	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. I am familiar with, and accept													
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP	partify that the	information supplied with t	thie filing o		NAMI STRE CITY	E Et addres -St-Zip		otion 1	119 07/3Vi) Elorida Statutas I		_ ~	-	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: