

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90185 047 \*\*\*150.00

DOCUMENT # P020000018249 ✓

1. Entity Name

VETERINARY IMAGING CENTERS, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2101 PALAFOX ST

Suite, Apt. #, etc.

3. Mailing Address

8285 SW 105 ST

Suite, Apt. #, etc.

City & State  
PENSACOLA FL

City & State  
MIAMI FL

4. FEI Number

75-3007737

Applied For

Not Applicable

Zip  
32501

Country  
USA

Zip  
33156

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARD HERRIS

Street Address (P.O. Box Number is Not Acceptable) —

8285 SW 105 ST

City

MIAMI

**FL**

Zip Code  
33156

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Bernard Herris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/S/D

BERNARD HERRIS

8285 SW 105 ST

MIAMI, FL 33156

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Herris

BERNARD HERRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

305 271-1496

Daytime Phone #

CR2E034B (12/02)