## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000057122 **DOCUMENT #**

1. Entity Name

EHLERS ANIMAL HOSPITAL, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90824 034 \*\*\*150.00

rincipal Place of Business 1385 WEEPING WILLOW CIR CASSELBERRY FL 32707		Mailing Address 4385 WEEPING WILLOW CIR CASSELBERRY FL 32707								
Principal Place of Business		3. Mailing Address				<b>. 5</b> 111 <b>. 18</b> 111 <b>. 51</b> 111 <b>.</b> 1111				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.	FEI Number		<b>⊢/</b>	pplied For	7	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add	ditional	1	
	6. Name and Address of Current	Registered Agent		7. (	Name and Address of New	Registered Ag	ent		1	
WEATHERFORD, WILLIAM P JR.				Name WEATHERFORD, WILLIAM P JR.  Street Address (P.O. Box Number is Not Acceptable)						
1031 W A	MORSE BLVD, STE 105	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Stree	FAddress (P.O. B	BOX.Number.is.Not.Acceptab SIANA AVENUE	Suite	4			
	PARK FL 32789				Different Figure	13-1.2			1	
			City	NT			Γ <sub>7′</sub> Ο		-	
			l W	INTER PI	ARK	FL	Zip Cod	<sup>ê</sup> ጸዓ	1	
the obligat	e named entity submits this statement fo tions of registered againt.  Signature, typed or printed name of registered agent	M	NOTE: Registered Agent sig	· · · · · · · · · · · · · · · · · · ·		DATE	migi widi,			
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 x Payable to Florida Department of	State			9. Election Campaign F Trust Fund Contributi			00 May Be d to Fees		
0.	OFFICERS AND	DIRECTORS	11.	ΑĎ	I DITIONS/CHANGES TO OF	FICERS AND D	IRECTOR!	S IN 11	1	
TLE AME , REET ADDRESS TY-ST-ZIP	D EHLERS, WILLIAM P DVM 4385 WEEPING WILLOW CIR CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			<u>-</u>	_ Change	Addition	E004 (40/00)	
TLE IME TREET ADDRESS TY-ST-ZIP	¥	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			_ Change	Addition .	60	
TLE AME REET ADDRESS* TY-ST-ZIP	حصيت والتاريخ المساورة المساور	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			Change	Addition		
ile Ime Reet address IY-ST-Zip	·	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			] Change	Addition		
LE ME		☐ Delete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	3			] Change	☐ Addition		
reet address 'Y-st-zip			1	1						

SIGNATURE: 🔟