2002 Uniform Business Report (UBR)

changed, or on an attachment.

SIGNATURE:

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Mar 13, 2002 8:00 am P93000023532 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90039 008 ***150 00 CENTRAL PARK ANIMAL CLINIC, P.A. Principal Place of Business Mailing Address 1931 N. PINE ISLAND RD. 10013 CLEARY BLVD PLANTATION FL 33322 PLANTATION FL 33324 U\$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0410368 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAUMWELL, LORI Street Address (P.O. Box Number is Not Acceptable) 1931 N PINE ISLAND RD PLANTATION FL 33322 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 5 CR2E034 (9/01) Addition ☐ Delete TITLE TITLE NAME NAME BAUMWELL, PETER STREET ADDRESS STREET ADDRESS 1931 N PINE ISLAND RD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME WEST, CYNTHIA L. STREET ADDRESS STREET ADDRESS 10013 CLEARY BLVD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Delete Change ☐ Addition TITLE TITLE TS NAME NAME BAUMWELL, LORI STREET ADDRESS STREET ADDRESS 1931 N PINE ISLAND RD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if