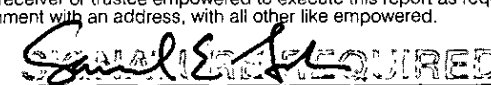


**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90067 011 \*\*\*150.00

**839852**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P94000022874</b>			
1. Entity Name <b>ACADEMY ANIMAL HOSPITAL OF BOCA, INC.</b>			
Principal Place of Business <b>6530 W ROGERS CIRCLE SUITE 31 BOCA RATON FL 33487 US</b>		Mailing Address <b>6530 ROGERS CIRCLE SUITE 31 BOCA RATON FL 33487-2753 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	
Country		Country	
4. FEI Number <b>65-0489311</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RITTER, GREGORY J 7000 WEST PALMETTO PARK RD. SUITE 400 BOCA RATON FL 33433</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEDER, SAMUEL E 6530 W ROGERS CIRCLE STE 31 BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARVEY, SHARON B 6530 W ROGERS CIRCLE STE 31 BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/30/00 561-995-7878	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/99)