

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000059363

FILED  
Sep 03, 2003  
Secretary of State

Entity Name: ISLAND ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

262 SUNSET AVENUE  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

262 SUNSET AVENUE  
PALM BEACH, FL 33480

## New Mailing Address:

FEI Number: 65-0529487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURKELL, ANDREW DVM  
314 ROYAL PALM WAY  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

TURKELL, ANDREW DVM  
262 SUNSET AVENUE  
PALM BEACH, FL 33480 US

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:

09/03/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TURKELL, ANDREW  
Address: 204 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: OCKSTEIN, BRAD  
Address: 7841 PINE TREE LANE  
City-St-Zip: LAKE CLARK SHORES, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TURKELL, ANDREW  
Address: 204 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP (X) Change ( ) Addition  
Name: OCHSTEIN, BRAD  
Address: 7841 PINE TREE LANE  
City-St-Zip: LAKE CLARK SHORES, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD OCHSTEIN

VP

09/03/2003

Electronic Signature of Signing Officer or Director

Date