


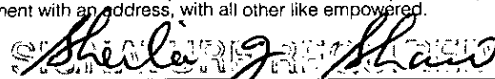
FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90029 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000080061				<div>FILED</div> <div>Jan 13, 2000 8:00 am</div> <div>Secretary of State</div> <div>01-13-2000 90029 030 ***150.00</div> <div></div> <div>DO NOT WRITE IN THIS SPACE</div>			
1. Entity Name FLORIDA VETERINARY, INC.							
Principal Place of Business 4210 FAIRWAY CIRCLE TAMPA FL 33624		Mailing Address 4210 FAIRWAY CIRCLE TAMPA FL 33624-4640					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0534618		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent SHAW, SHEILA 4210 FAIRWAY CIRCLE TAMPA FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" 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	D SHAW, SHEILA 4210 FAIRWAY CIRCLE TAMPA FL 33624 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 				SHEILA J SHAW 1-6-00 (813) 961-8361			