## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90375 010 \*\*\*150.00

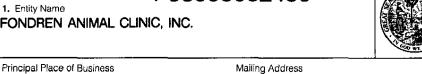
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000082430 1. Entity Name

4145 BURNS ROAD

FONDREN ANIMAL CLINIC, INC.



4145 BURNS ROAD



4 EE≀ Number

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



☐ CHECK HERE IF MAKING CHANGES

,		,			1. 4-1		
					65-0613858		Not Applicable
Zip	Country	Zip	Counti	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Cur		7. Name and Address of New Registered Agent				
				Name			
FODREN, MA	BY C DR					<u></u>	
ODITER, WA	att O Dit			Street Address	ress (P.O. Box Number is Not Acceptable)		

City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4145 BURNS ROAD

PALM BEACH GARDENS FL 33410

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

Applied For

	Payable to Florida Department of State			Trust Fund Contribution.	☐ Added	to Fees
10.	OFFICERS AND DIRECTO	<b>11.</b> A.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONDREN, MARY C 4145 BURNS ROAD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M O'NEILL, TERENCE H. 4145 BURNS ROAD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition \
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المرتبية المناء المراسطية معهد عليه المناطقة الم	☐ Delete	TITLE  NAME  STREET ADDRESS=  CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

12. 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.