

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90013 024 \*\*\*150.00

**DOCUMENT # P96000001061**

1. Entity Name

**AFFILIATED VETERINARY SPECIALISTS, P.A.**

Principal Place of Business

532 S NEW YORK AVE  
 WINTER PARK FL 32789

Mailing Address

532 S NEW YORK AVE  
 WINTER PARK FL 32789-4242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349214

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORING, ROBERT L D.V.M.  
 2518 PLAINFIELD AVE  
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name **DEHAAN, JACEK J.**

Street Address (P.O. Box Number is Not Acceptable)

**532 S. NEW YORK AVE**

City

**WINTER PARK**

FL

Zip Code

**32789**

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

*Jacek J. Dehaan*

**JACEK J. DEHAAN**

**1/4/00**

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

(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)

**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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	GORING, ROBERT L	2518 PLAINFIELD AVE	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>
D	DEHAAN, JACEK	532S NEW YORK AVE	WINTER PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTSD	DEHAAN, JACEK	532 S NEW YORK AVE	WINTER PARK, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jacek J. Dehaan*

**JACEK J. DEHAAN**

Date

**1/4/00**

Daytime Phone #

**407-644-1287**