

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9600022877**

1. Entity Name

Florida Veterinary Specialists, Inc.

Principal Place of Business

Mailing Address

**3000 Busch Lake Blvd.
Tampa, FL 33614**

Same

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:58

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

59-3370516

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

7. Name and Address of New Registered Agent

Name

Darryl Shaw

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

3000 Busch Lake Blvd

City

Tampa

FL

Zip Code

33614

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

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

Darryl Shaw, President

(NOTE: Registered Agent signature required when reinstating)

10-10-00

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Darryl Shaw
3000 Busch Lake Blvd
Tampa, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Neil Shaw
3000 Busch Lake Blvd.
Tampa, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**500003436215-7
-10/24/00-01020-017
****150.00 ****150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
8/10/19

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl Shaw, President

10/10/00

Date

813-933-8944

Daytime Phone #

CR2E034 (9/99)



FLORIDA VETERINARY SPECIALISTS

& Cancer Treatment Center

A 24-Hour Critical Care Facility

CRITICAL CARE

Marcel Aumann, D.M.V.
Diplomate ACVIM
Diplomate ACVECC

Neil Shaw, D.V.M.
Diplomate ACVIM

Rita Hanel, D.V.M.

DERMATOLOGY

Glen Burkett, B.V.Sc.
Diplomate ACVD

EMERGENCY

Tamara Berlin, D.V.M.

Holly Brown, D.V.M.

Lee Burstiner, D.V.M.

Rita Hanel, D.V.M.

INTERNAL MEDICINE

Erick Mears, D.V.M.
Diplomate ACVIM

Marcel Aumann, D.M.V.
Diplomate ACVIM
Diplomate ACVECC

Neil Shaw, D.V.M.
Diplomate ACVIM

ONCOLOGY

Neil Shaw, D.V.M.
Diplomate ACVIM

Tracy LaDue, D.V.M.
Diplomate ACVIM
(Oncology)
Consulting

RADIATION ONCOLOGY

Neil Shaw, D.V.M.
Diplomate ACVIM

Chess Adams, D.V.M.
Diplomate ACVR
(Radiation Oncology;
Radiology)
Consulting

SURGERY

W. Preston Stubbs, D.V.M.
Diplomate ACVS

Helga Bleyaert, V.M.D.
Diplomate ACVS

October 11, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed a check for \$150 for our 2000 Annual Report.

Please consider waiving penalties for late payment, as the original annual report was sent to our old location and returned to you directly by the postal service.

Please note our new address on the annual report.

Sincerely,

Darryl Shaw
Hospital Administrator