

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90045 005 ***150.00

DOCUMENT # P96000062229

1. Entity Name

SCOTT MILL ANIMAL HOSPITAL, INC.

Principal Place of Business

**3101 PLUMMER COVE ROAD
JACKSONVILLE FL 32223**

Mailing Address

**3101 PLUMMER COVE ROAD
SUITE 100
JACKSONVILLE FL 32223
US**

2. Principal Place of Business

3. Mailing Address

3101 Plummer Cove Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3400204

Applied For

Not Applicable

Zip

Country

Zip

Country

32223**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBISON, MARY A**1 INDEPENDENT DRIVE****SUITE 2600****JACKSONVILLE FL 32202**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	SUGGS, ALLEN D JR.	8640 PHILLIPS HWY., SUITE 20	JACKSONVILLE FL 32256				
PST	MASSE, KATHERINE J	8908 CHAMBORE DR.	JACKSONVILLE FL 32256				
VPAS	MAXWELL, ANNA K D	3101 PLUMMER COVE ISLAND ROAD	JACKSONVILLE FL 32223	VPAS	MAXWELL, ANNA K.	3101 PLUMMER COVE ROAD	JACKSONVILLE, FL 32223

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:

KATHERINE J. MASSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02

Daytime Phone #

(904) 268-8600

CR2E034 (9/01)