

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90328 043 \*\*\*150.00

DOCUMENT # P940000083088 ✓  
1. Entity Name  
Nassau Veterinary Hospital, Inc.

104201

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
881 N US Hwy 17  
Suite, Apt. #, etc.

3. Mailing Address  
881 N US Hwy 17  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Yulee, FL  
Zip 32097 Country USA

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4. FEI Number 59-3412326  
Applied For  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ANTHONY P. VALENTE JR., ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
100 Second Ave. So.  
Suite 1201  
City St. Petersburg **FL** Zip Code 33701

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

(NOTE: Registered Agent signature required when reinstating)

3-13-02  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 DPST  
NAME CARTER, KIMBERLY A.  
STREET ADDRESS 881 N. US Hwy 17  
CITY-ST-ZIP Yulee, FL 32097

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME RITA CARTER  
STREET ADDRESS 881 N. US Hwy 17  
CITY-ST-ZIP Yulee, FL 32097

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly A Carter, DPM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 Date (904) 225-2050 Daytime Phone #

CR2E034B (12/01)