


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000018663 (9)**

1. Corporation Name
VETPARTNERS, INC.

Principal Place of Business

7900 GLADES ROAD
SUITE 610
BOCA RATON FL 33434

Mailing Address

7900 GLADES ROAD
SUITE 610
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0731754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENCE, JODI B
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SOLNIK, MIKE MD
STREET ADDRESS
7900 GLADES RD, STE 610
CITY-ST-ZIP
BOCA RATON FL 33434

TITLE ☐ DELETE

NAME
RICHMAN, ANDREW M MD
STREET ADDRESS
7900 GLADES RD, STE 610
CITY-ST-ZIP
BOCA RATON FL 33434

TITLE ☒ DELETE

NAME
SCHLOSSER, MARC A MD
STREET ADDRESS
3601 CHARLTON PLACE
CITY-ST-ZIP
BOCA RATON FL 33496

TITLE ☒ DELETE

NAME
RUBINSTEIN, STUART MD
STREET ADDRESS
2619 NW 48TH STREET
CITY-ST-ZIP
BOCA RATON FL 33434

TITLE ☐ DELETE

NAME
REITMAN, FREDERIC R MD
STREET ADDRESS
21277 GREENWOOD COURT
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME
JAFKE, PAUL H DVM
STREET ADDRESS
21066 COUNTRY CREEK
CITY-ST-ZIP
BOCA RATON FL 33428

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Mike Solnik

1/9/98

561-470-9400

CR2E034 (10/97)