

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90153 001 ***150.00

DOCUMENT # P97000102450

1. Entity Name

VETERINARIAN MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

1570 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334

Mailing Address

1570 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334-5752

2. Principal Place of Business

4711 NE 25 Ave

Suite, Apt. #, etc.

Ft. Lauderdale

City & State

Florida

Zip

33308

Country

Broward

3. Mailing Address

Suite, Apt. #, etc.

1574 E. Commercial Blvd

City & State

Florida

Zip

33308

Country

USA

4. FEI Number

65-0796122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUZZETTI, ROBERT C
1570 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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, 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	PSTD	<input type="checkbox"/> Delete
NAME	BUZZETTI, ROBERT C	
STREET ADDRESS	1570 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOGODORN, ROBERT F	
STREET ADDRESS	1461 NE 57TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	STINMAN, TROY	
STREET ADDRESS	1570 EAST COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jones, Stephanie	
STREET ADDRESS	1574 East Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gina Lyons	
STREET ADDRESS	270 Tropic	
CITY-ST-ZIP	Lauderdale by the Sea, FL	
TITLE	Buzzetti, Mike	<input type="checkbox"/> Delete
NAME	4711 NE 25 Ave	
STREET ADDRESS	Ft. Lauderdale, FL 33308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-26-00 954-771-0151

Date

Daytime Phone #

CR2E034 (9/99)