

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

034336 AV

DOCUMENT # P97000102450

1. Entity Name

VETERINARIAN MANAGEMENT ASSOCIATES, INC.

04-01-2002 90162 018 ***150.00

Principal Place of Business

**4711 NE 25 AVENUE
 FORT LAUDERDALE FL 33308**

Mailing Address

**1574 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33334**

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

65-0796122

Applied For

Not Applicable

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

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

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, STEPHANIE	
STREET ADDRESS	1574 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYONS, GINA	
STREET ADDRESS	278 TROPIC	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	
TITLE	B	<input type="checkbox"/> Delete
NAME	BUZZETTO, MIKE	
STREET ADDRESS	4711 NE 25 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Buzzetti, Erin	
STREET ADDRESS	4711 NE 25 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buzzetti, Angela	
STREET ADDRESS	4711 NE 25 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buzzetti, Linda	
STREET ADDRESS	4711 NE 25 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
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 checked="" 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)(j), 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

3-18-02 954-771-0156

Date

Daytime Phone #

CR2E034 (9/01)