2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90027 024 ***158.75

DOCUMENT # P98000031890

1. Entity Name
ANIMAL HEALTH CENTER OF MARTIN COUNTY INC

Principal Place of Business	Mailing Address
835 SE OCEAN BLVD STUART FL 34994	835 SE OCEAN BLVD STUART FL 34994

659207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
835 SE OCEAN BLVD	835 SE OCEAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART FL ~~34994~~
Zip: 34994 / Country: USA	Zip: 34994 / Country: USA

4. FEI Number: 65-0827466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISHER JOSEPH
13899 BISCAYNE BLVD, #129
N. MIAMI BCH, FL 33181

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTO GREGGORY J BAXTER 835 SE OCEAN BLVD Stuart FL 34994 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P PETER J. ADAMS 835 SE OCEAN BLVD, STUART FL 34994 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BETH BAXTER 835 SE OCEAN BLVD STUART FL 34994 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Greg J Baxter 5/1/01 561-781-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #