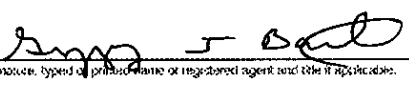
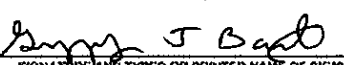


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 032 ***150.00

DOCUMENT # P98000031890			
1. Entity Name ANIMAL HEALTH CENTER OF MARTIN COUNTY, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 835 S.E. OCEAN BLVD		3. Mailing Address Suite, Apt. #, etc.	
City & State STUART, FL		City & State	
Zip 34994	Country USA	Zip	Country
4. FEI Number 650827466		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name GREGGORY J BAXTER			
Street Address (P.O. Box Number is Not Acceptable) 835 E OCEAN BLVD			
City STUART		FL	Zip Code 34953
DO NOT WRITE IN THIS SPACE			
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 		DATE 4/30/02	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME GREGGORY J BAXTER	TITLE	NAME
STREET ADDRESS 835 E OCEAN BLVD	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP STUART, FL 34994	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
DO NOT WRITE IN THIS SPACE			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE 4/30/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		561-521-5001	

CR2E034B (12/01)