

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000031890

FILED
May 01, 2003
Secretary of State

Entity Name: ANIMAL HEALTH CENTER OF MARTIN COUNTY, INC.

Current Principal Place of Business:

835 SE OCEAN BLVD
STUART, FL 34994 US

New Principal Place of Business:

P.O. BOX 3119
STUART, FL 34995 US

Current Mailing Address:

835 SE OCEAN BLVD
STUART, FL 34994 US

New Mailing Address:

P.O. BOX 3119
STUART, FL 34995 US

FEI Number: 65-0827466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXTER, GREGGORY J
835 E OCEAN BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

BAXTER, GREGGORY J
131 FORK
STUART, FL 34994 US

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: GREGGORY J BAXTER

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAXTER, GREGGORY
Address: 835 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGGORY J BAXTER

PRES

05/01/2003

Electronic Signature of Signing Officer or Director

Date