

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002724

1. Entity Name

VETERINARY HEART INSTITUTE, PA

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90001 022 ***150.00

Principal Place of Business

3601V S.W. 2ND AVE.
 GAINESVILLE FL 32607

Mailing Address

3601V S.W. 2ND AVE.
 GAINESVILLE FL 32607

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

59-3551496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GOODWIN, JOHN-KARL
 3601V S.W. 2ND AVE.
 GAINESVILLE FL 32607

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME *Director*
 STREET ADDRESS *John-Karl Goodwin*
 CITY-ST-ZIP *3601-V SW 2nd Ave*
Gainesville FL 32607

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment
D#99900000724
DU80555

202

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

20 July 2000

Dear Representative:

We received a second notice for payment recently but never received the first notice (UBR) earlier this year. Please accept our payment in full for \$150.00. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Goodwin', is written over the printed name.

John-Karl Goodwin, Director
Veterinary Heart Institute

Veterinary Heart Institute

3601-V SW 2nd Avenue ■ Gainesville, FL 32607
888-844-1019 ■ 352-371-7900 ■ 352-371-7910 (FAX) ■ <http://www.vetheart.com>