

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000032764**

1. Entity Name

ANIMAL E.R., P.A.**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 040 ***150.00

80020811

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**11359 OLD ST. AUGUSTINE ROAD
MANDARIN FL 32258****11359 OLD ST. AUGUSTINE ROAD
MANDARIN FL 32258-1409**

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

59-3573344

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

**PRINCE, PETER X D.V.M.
11359 OLD ST. AUGUSTINE ROAD
MANDARIN FL 32258**

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, 2000 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	PRINCE, PETER X D.V.M.	11359 OLD ST. AUGUSTINE ROAD	MANDARIN FL 32258				
VD	GORING, ROBERT L D.V.M.	275 CORPORATE WAY	ORANGE PARK FL 32073				
SD	WELDON, ALAN D D.V.M.	3750 RIVERSIDE AVENUE	JACKSONVILLE FL 32205				
TD	JACKSON, ROBERT I D.V.M.	8560 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211				
ASVD	WOODS, JEFFREY C D.V.M.	7530 MERRILL ROAD	JACKSONVILLE FL 32277				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)