

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000048104

FILED  
Jan 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** VETERINARY INTERNISTS OF BREVARD, P.A.

**Current Principal Place of Business:**

6470 US HWY 1  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

6470 US HWY 1  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3579479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBY, DAVID H ESQ.  
1581 ROBERT J. CONLAN BLVD.,N.E.,STE.100  
PALM BAY, FL 32905

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, THOMAS A  
Address: 4475 CHICAGO AVE.  
City-St-Zip: WEST MELBOURNE, FL 32904

**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:** THOMAS A. SMITH

D

01/26/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date