

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0198555
 AV

03-12-2002 90024 019 ***150.00

DOCUMENT # S23857

1. Entity Name
VETERINARY SURGICAL ASSOCIATES, INC.

Principal Place of Business

**1089 NW 83RD DR.
 CORAL SPRINGS FL 33071**

Mailing Address

**1089 NW 83RD DR.
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

6558 N.W. 103rd Lane

Suite, Apt. #, etc.

3. Mailing Address

6558 N.W. 103rd Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Parkland FL

Zip
33076

Country
USA

City & State

Parkland FL

Zip
33076

Country
USA

4. FEI Number

65-0248360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CYNTHIA BERARDI

**1089 N.W. 83RD DRIVE
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6558 N.W. 103rd Lane

City

Parkland

FL

Zip Code

33076

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, 2002 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

TITLE
D
 NAME
MACCOY, DOUGLAS M DVM
 STREET ADDRESS
1089 NW 83RD DR.
 CITY-ST-ZIP
CORAL SPRINGS FL

☐ Delete

TITLE
VMD
 NAME
BERARDI, CYNTHIA V
 STREET ADDRESS
1089 NW 83RD DR
 CITY-ST-ZIP
CORAL SPRINGS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

**6558 N.W. 103rd Lane
 Parkland, FL 33076**

TITLE
D
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

**6558 N.W. 103rd Lane
 Parkland, FL 33076**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cynthia Berardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

954-345-9085

Daytime Phone #

CR2E034 (9/01)