

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101158

Entity Name: ST. AUGUSTINE REGIONAL VETERINARY EMERGENCY
CENTER, P.A.**Current Principal Place of Business:**2090 US 1 SOUTH
ST AUGUSTINE, FL 32086**Current Mailing Address:**2090 US 1 SOUTH
ST AUGUSTINE, FL 32086**FEI Number: 27-1518663****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMMONS, II, SIDNEY S
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	OFFICER
Name	GENZIER, MARK
Address	2090 US 1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	OFFICER
Name	SHELTON, GARY
Address	2090 US 1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	TREASURER
Name	MARGADANT, DANIELLA
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	OFFICER
Name	SEARCY, ERIC
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	PRESIDENT
Name	ROSADO, TERRI
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

I hereby 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 all other like empowered.

SIGNATURE: DANIELLA MARGADANT DVM**TREASURER****04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date