2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
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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	PRESIDENT
Name	LOPEZ, SHEILA DR.
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	TREASURER
Name	MAXWELL, ANNA DR.
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	SECRETARY
Name	SMITH, PERRY DR.
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	OFFICER
Name	DECKARD, KATHLEEN DR.
Address	2090 US 1 SOUTH
City-State-Zip:	ST AUGUSTINE FL 32086

Title	OFFICER
Name	MACKENZIE, BRAD DR.
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: SHEILA LOPEZ, DVM PRESIDENT 04/17/2015

Electronic Signature of Signing Officer/Director Detail — Date