

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001953

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** PETHEALTH SERVICES (USA) INC.

**Current Principal Place of Business:**

3315 E. ALGONQUIN ROAD  
STE. 450  
ROLLING MEADOWS, IL 60008

**New Principal Place of Business:**

**Current Mailing Address:**

710 DORVAL DRIVE  
STE 400  
OAKVILLE, ON L6K3V7 CA

**New Mailing Address:**

**FEI Number:** 03-0509713      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

**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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** WARREN, EDWARD M MR.  
**Address:** 710 DORVAL DRIVE STE 400  
**City-St-Zip:** OAKVILLE, ON L6K3V7 CA

**Title:** DVPS  
**Name:** TENNISON, GLEN H MR.  
**Address:** 710 DORVAL DRIVE STE 400  
**City-St-Zip:** OAKVILLE, ON L6K3V7 CA

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: GLEN TENNISON

DVPS

01/04/2012

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

\_\_\_\_\_  
Date