

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006346

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** VETINSURANCE MANAGERS, INC.

**Current Principal Place of Business:**

1148 NW LEARY WAY  
SEATTLE, WA 98107

**New Principal Place of Business:**

**Current Mailing Address:**

1148 NW LEARY WAY  
SEATTLE, WA 98107

**New Mailing Address:**

FEI Number: 38-3756263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: C  
Name: RAWLINGS, DARRYL  
Address: 1148 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: T  
Name: JOHNSON, BARRY  
Address: 1148 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: S  
Name: CHAMES, LOUIS  
Address: 1148 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

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: LOUIS CHAMES

S

01/03/2011

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

\_\_\_\_\_ Date