


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90105 030 ***150.00

DOCUMENT # F93000005028					
1. Entity Name VCA ANTECH, INC.					
Principal Place of Business 12401 WEST OLYMPIC BLVD LOS ANGELES, CA 90064 US			Mailing Address 12401 WEST OLYMPIC BLVD LOS ANGELES, CA 90064 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTIN, ROBERT L		NAME	FRANK REDDICK	
STREET ADDRESS	12401 WEST OLYMPIC BLVD		STREET ADDRESS	12401 WEST OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP	LOS ANGELES, CA 90064	
TITLE	SVCO	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTIN, ARTHUR J		NAME	JOHN B. CHICKERING, JR.	
STREET ADDRESS	12401 WEST OLYMPIC BLVD		STREET ADDRESS	12401 WEST OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP	LOS ANGELES, CA 90064	
TITLE	VSCF	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, TOMAS		NAME	JOHN HEIL	
STREET ADDRESS	125401 WEST OLYMPIC BLVD		STREET ADDRESS	12401 WEST OLYMPIC BLVD	
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP	LOS ANGELES, CA 90064	
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUBER, NEIL		NAME		
STREET ADDRESS	125401 WEST OLYMPIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP		
TITLE	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTIN, ROBERT L		NAME		
STREET ADDRESS	12401 WEST OLYMPIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMER, JOHN M		NAME		
STREET ADDRESS	12401 WEST OLYMPIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90064		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Tomas W. Fuller, VP **04/10/2008** **310-571-6793**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #