2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F95000001531

Entity Name: TRI-ANIM HEALTH SERVICES, INC.

Current Principal Place of Business:

13170 TELFAIR AVE.
SYLMAR, CA 91342

New Principal Place of Business:

Current Mailing Address:

13170 TELFAIR AVE.
SYLMAR, CA 91342

New Mailing Address:

FEI Number: 95-2959155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BYERS, ROBERT A JR
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: VD ( ) Delete
Name: PISTER, DAN L
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: S ( ) Delete
Name: AVANESSIANS, EDMUND
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: D ( ) Delete
Name: BYERS, AUDREY L
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BYERS, ROBERT A JR
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DOUGHERTY, MARK
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: CEO (X) Change ( ) Addition
Name: DAVENPORT, CRAIG L
Address: 13170 TELFAIR AVE.
City-St-Zip: SYLMAR, CA 91342

Title: PRES ( ) Change (X) Addition
Name: CLENDON, DALE
Address: 13170 TELFAIR AVE
City-St-Zip: SYLMAR, CA 91342

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAN PISTER VD 04/13/2009
Electronic Signature of Signing Officer or Director Date