

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006477

Entity Name: VCA ANIMAL HOSPITALS, INC.

FILED  
Mar 28, 2011  
Secretary of State

**Current Principal Place of Business:**

12401 WEST OLYMPIC BOULEVARD  
LOS ANGELES, CA 90064

**New Principal Place of Business:**

**Current Mailing Address:**

12401 WEST OLYMPIC BOULEVARD  
LOS ANGELES, CA 90064

**New Mailing Address:**

FEI Number: 95-4574532

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: PCD  
Name: ANTIN, ROBERT L  
Address: 12401 WEST OLYMPIC BOULEVARD  
City-St-Zip: LOS ANGELES, CA 90064

Title: D  
Name: ANTIN, ARTHUR J  
Address: 12401 WEST OLYMPIC BOULEVARD  
City-St-Zip: LOS ANGELES, CA 90064

Title: VASD  
Name: TAUBER, NEIL  
Address: 12401 WEST OLYMPIC BOULEVARD  
City-St-Zip: LOS ANGELES, CA 90064

Title: VST  
Name: FULLER, TOMAS W  
Address: 12401 WEST OLYMPIC BOULEVARD  
City-St-Zip: LOS ANGELES, CA 90064

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: TOMAS W. FULLER

V

03/28/2011

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

\_\_\_\_\_ Date