2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13821

A A DET EMEDOENOV OFDVIOCO INIO

FILED Apr 30, 2008 Secretary of State

Entity Name: AA PET EMERGENCY SERVICES, INC.						
Current Pri	incipal Place o	of Business:	New Princi	New Principal Place of Business:		
7520 W UNIVERSITY AVE GAINESVILLE, FL 32607				7314 W UNIVERSITY AVE GAINESVILLE, FL 326071640 US		
Current Mailing Address:			New Mailir	New Mailing Address:		
7520 W UNIVERSITY AVE GAINESVILLE, FL 32607				7314 W UNIVERSITY AVE GAINESVILLE, FL 326071640 US		
FEI Number:	59-2673529	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANDERSON, LOUISE H DAVIS MONK & COMPANY 4010 NW 25 PLACE GAINESVILLE, FL 32606 US						
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 ().						
	AND DIRECT	. ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	HENLEY, RAYMO 7615 WEST NEV GAINESVILLE, F S () [SEUFERT, DENI: 5307 SW TER GAINESVILLE, F D () [VBERRY ROAD L 32606 Delete SE M DVM L 32608 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	HENLEY, RAY 7615 WEST N GAINESVILLE T (A SEUFERT, DE 5307 SW TER GAINESVILLE	X) Change()Addition ENISE M DVM R	
Name: Address: City-St-Zip:	SAMECK, JOHN 2838 NW 6TH ST GAINESVILLE, F	Г	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () [HARBIN, MICHAE 197 SW 129TH T NEWBERRY, FL	ΓER	Title: Name: Address: City-St-Zip:	S (KIERSTEIN, L 2019 N MAGN OCALA, FL 3	IOLIA AVE	
Title: Name: Address: City-St-Zip:	P () [GOLDMAN, RICH 4209 NW 37TH F GAINESVILLE, F	PL	Title: Name: Address: City-St-Zip:	GOLDMAN, R 4209 NW 37T	X) Change ()Addition ICHARD A DVM H PL E, FL 326066181	

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: LOUISE HANDERSON 04/30/2008 **AGEN**