

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13821

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: AA PET EMERGENCY SERVICES, INC.

## Current Principal Place of Business:

7314 W UNIVERSITY AVE  
GAINESVILLE, FL 326071640 US

## New Principal Place of Business:

## Current Mailing Address:

7314 W UNIVERSITY AVE  
GAINESVILLE, FL 326071640 US

## New Mailing Address:

FEI Number: 59-2673529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, LOUISE H  
DAVIS MONK & COMPANY  
4010 NW 25 PLACE  
GAINESVILLE, FL 32606 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: P ( ) Delete  
Name: HENLEY, RAYMOND K DVM  
Address: 7615 WEST NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete  
Name: SEUFERT, DENISE M DVM  
Address: 5307 SW TER  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: SAMECK, JOHN DVM  
Address: 2838 NW 6TH ST  
City-St-Zip: GAINESVILLE, FL 326092929

Title: S ( ) Delete  
Name: KIERSTEIN, LEE E DVM  
Address: 2019 N MAGNOLIA AVE  
City-St-Zip: OCALA, FL 344759244 US

Title: D ( ) Delete  
Name: GOLDMAN, RICHARD A DVM  
Address: 4209 NW 37TH PL  
City-St-Zip: GAINESVILLE, FL 326066181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENLEY, RAYMOND K DVM  
Address: 7615 WEST NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: T (X) Change ( ) Addition  
Name: SEUFERT, DENISE M DVM  
Address: 5307 SW TER  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D (X) Change ( ) Addition  
Name: LECLEAR, CALVIN T DVM  
Address: 22211 W NEWBERRY RD  
City-St-Zip: NEWBERRY, FL 326692205 US

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

Title: D (X) Change ( ) Addition  
Name: GOLDMAN, RICHARD A DVM  
Address: 4209 NW 37TH PL  
City-St-Zip: GAINESVILLE, FL 326066181 US

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: RICHARD A GOLDMAN

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date