

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13821

FILED
Apr 07, 2011
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
CARR, RIGGS & INGRAM, LLC
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

OFFICERS AND DIRECTORS:

Title: D
Name: HENLEY, RAYMOND K DVM
Address: 7615 WEST NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P
Name: SEUFERT, DENISE M DVM
Address: 5307 SW TER
City-St-Zip: GAINESVILLE, FL 32608 US

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

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

Title: S
Name: TASH, JANINE C DVM
Address: 9805 NW 161ST ST
City-St-Zip: ALACHUA, FL 326156637 US

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: LOUISE H ANDERSON

RA

04/07/2011

Electronic Signature of Signing Officer or Director

Date