2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13821

Entity Name: AA PET EMERGENCY SERVICES, INC.

FILED Apr 02, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7314 W UNIVERSITY AVE
GAINESVILLE, FL 326071640 US
7314 W UNIVERSITY AVE
GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

7314 W UNIVERSITY AVE
GAINESVILLE, FL 326071640 US
7314 W UNIVERSITY AVE
GAINESVILLE, FL 32607 US

FEI Number: 59-2673529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, LOUISE H CARR, RIGGS & INGRAM, LLC 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

OFFICERS AND DIRECTORS:

Title: [

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

Title: F

Name: SEUFERT, DENISE M DVM
Address: 3558 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S

Name: LECLEAR, CALVIN T DVM

Address: 3717 NW 13 ST

City-St-Zip: GAINESVILLE, FL 32609 US

Title: 7

Name: KIERSTEIN, LEE E DVM Address: 2019 N MAGNOLIA AVE City-St-Zip: OCALA, FL 34475 US

Title:

 Name:
 TASH, JANINE C DVM

 Address:
 9805 NW 161ST ST

 City-St-Zip:
 ALACHUA, FL 32615 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 HANDERSON RA 04/02/2012