2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N94000001753

Entity Name: VETSPACE, INC.

Current Principal Place of Business:

4800 SW 13TH ST
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 452
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-3251229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLLER, BARBARA L
8806 NE WALDO RD
GAINESVILLE, FL 32609 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:	P	( ) Delete
Name:	MCMAHON, BETTY DR.	
Address:	4131 NW 13TH ST., SUITE 207	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	T	( ) Delete
Name:	ROLLER, BARBARA L	
Address:	8806 NW WALDO RD	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	S	( ) Delete
Name:	VAN BUREN, EDWARD	
Address:	2686 NW 138TH TERR	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	VP	( ) Delete
Name:	BUTLER, CYNTHIA	
Address:	5631 NW 42ND RD	
City-St-Zip:	GAINESVILLE, FL 32606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. ROLLER TR 01/18/2009

Electronic Signature of Signing Officer or Director — Date