

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104962

FILED
Mar 13, 2006
Secretary of State

Entity Name: VETERINARY MEDICAL SOLUTIONS, INCORPORATED

Current Principal Place of Business:

610 SW 164TH AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

1005 ARABIAN RUN DRIVE
OREGONIA, OH 45054

Current Mailing Address:

610 SW 164TH AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

PO BOX 498362
CINCINNATI, OH 45249

FEI Number: 59-3683278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIDENHOUSE, CHRISTOPHER W DR
610 SW 164TH AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

WIDENHOUSE, CHRISTOPHER W DR
2259 SE 14TH STREET
POMPAHO BEACH, FL 33062 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:

03/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: WIDENHOUSE, CHRISTOPHER W DR
Address: 610 SW 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D/T () Delete
Name: WIDENHOUSE, TAMARA S DR
Address: 610 SW 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D/S () Delete
Name: KIRK, JAMES F DR
Address: 610 SW 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: WIDENHOUSE, CHRISTOPHER W DR
Address: 1005 ARABIAN RUN DRIVE
City-St-Zip: OREGONIA, OH 45054

Title: D/T (X) Change () Addition
Name: WIDENHOUSE, TAMARA S DR
Address: 1005 ARABIAN RUN DRIVE
City-St-Zip: OREGONIA, OH 45249

Title: D/S (X) Change () Addition
Name: KIRK, JAMES F DR
Address: 2170 CAMINITO DEL BARCO
City-St-Zip: DEL MAR, CA 92014

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMARA S. VETRO-WIDENHOUSE

VP

03/13/2006

Electronic Signature of Signing Officer or Director

Date