

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062085

FILED
Jan 25, 2008
Secretary of State

Entity Name: VETERINARY SALES & SERVICE, INC.

Current Principal Place of Business:

7861 SW ELLIPSE WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

7861 SW ELLIPSE WY
STUART, FL 34997

New Mailing Address:

FEI Number: 57-1203305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, RAPHAEL
468 NW SANDTRAP LN
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BLOOM, RAPHAEL
800 N.W. PEACOCK BLVD.
PORT ST. LUCIE, FL 34986 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:

01/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLOOM, RAPHAEL
Address: 468 NW SANDTRAP LN
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: MEZERA, TODD
Address: 3154 SW MARCO LANE
City-St-Zip: PALM CITY, FL 34990

Title: SEC () Delete
Name: MEZERA, ELIZABETH
Address: 3154 SW MARCO LANE
City-St-Zip: PALM CITY, FL 34990

Title: TR () Delete
Name: BLOOM, PATRICIA
Address: 468 NW SANDTRAP LN
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLOOM, RAPHAEL
Address: 800 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: MEZERA, TODD
Address: 139 S. FAIRLANE AVE.
City-St-Zip: ELMHURST, IL 60126

Title: SEC (X) Change () Addition
Name: MEZERA, ELIZABETH
Address: 139 S. FAIRLANE AVE.
City-St-Zip: ELMHURST, IL 60126

Title: TR (X) Change () Addition
Name: BLOOM, PATRICIA
Address: 800 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: PATRICIA BLOOM

TR

01/25/2008

Electronic Signature of Signing Officer or Director

Date