

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000062085

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** VETERINARY SALES & SERVICE, INC.

**Current Principal Place of Business:**

7861 SW ELLIPSE WAY  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

7861 SW ELLIPSE WAY  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:** 57-1203305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLOOM, RAPHAEL  
800 NW PEACOCK BLVD.  
468  
PORT ST. LUCIE, FL 34986 US

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

BLOOM, RAPHAEL  
800 NW 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:**

02/17/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BLOOM, RAPHAEL  
**Address:** 800 NW PEACOCK BLVD.  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

**Title:** VP  
**Name:** MEZERA, TODD J  
**Address:** 139 S. FAIRLANE AVE.  
**City-St-Zip:** ELMHURST, IL 60126 US

**Title:** TR  
**Name:** MEZERA, ELIZABETH  
**Address:** 139 S. FAIRLANE AVE.  
**City-St-Zip:** ELMHURST, IL 60126

**Title:** SEC  
**Name:** BLOOM, PATRICIA  
**Address:** 800 NW PEACOCK BLVD  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 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:** RAPHAEL BLOOM

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date