

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160323

FILED  
Mar 17, 2011  
Secretary of State

Entity Name: ANDA VETERINARY SUPPLY, INC.

**Current Principal Place of Business:**

2915 WESTON ROAD  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

311 BONNIE CIRCLE  
ATTN: SECRETARY  
CORONA, CA 92880

**New Mailing Address:**

311 BONNIE CIRCLE  
ATTN: MICHELE DILLARD  
CORONA, CA 92880

FEI Number: 20-1990869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: DP  
Name: BISARO, PAUL M  
Address: 400 INTERPACE PARKWAY  
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVP  
Name: PAONESSA, ALBERT III  
Address: 2915 WESTON ROAD  
City-St-Zip: WESTON, FL 33331

Title: S  
Name: BUCHEN, DAVID A  
Address: 311 BONNIE CIRCLE  
City-St-Zip: CORONA, CA 92881

Title: SVP  
Name: GIORDANO, THOMAS  
Address: 13900 NW SECOND STREET  
City-St-Zip: SUNRISE, FL 33325

Title: CFO  
Name: JOYCE, TODD R.  
Address: 400 INTERPACE PARKWAY  
City-St-Zip: PARSIPPANY, NJ 07054

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: DAVID A BUCHEN

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03/17/2011

Electronic Signature of Signing Officer or Director

Date