

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101158

FILED
Mar 30, 2011
Secretary of State

Entity Name: ST. AUGUSTINE REGIONAL VETERINARY EMERGENCY CENTER, P.A.

Current Principal Place of Business:

2090 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1925 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 27-1518663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, II, SIDNEY S
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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: PRES
Name: SHELTON, GARY
Address: 2090 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP/T
Name: BECKETT, RACHEL S
Address: 2090 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP/S
Name: HAUPT, NORMA
Address: 2090 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP/D
Name: GENDZIER, MARK
Address: 2090 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP/D
Name: BURKHALTER, BROOKE
Address: 2090 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 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: RACHEL BECKETT

VP/T

03/30/2011

Electronic Signature of Signing Officer or Director

Date