

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101158

FILED  
Mar 01, 2012  
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:** MARGADANT, DANIELLA  
**Address:** 2090 US 1 SOUTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086 US

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

**Title:** VP/D  
**Name:** MCNICHOLAS, THOMAS JR  
**Address:** 2090 US 1 SOUTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086 US

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

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

03/01/2012

Electronic Signature of Signing Officer or Director

Date