

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000097118

Entity Name: AMA VETCARE, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3835 WEST NAVY BLVD.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

3835 WEST NAVY BLVD.  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 27-4099253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSTON, GARY W  
125 W. ROMANA STREET  
SUITE 800  
PENSACOLA, FL 32502 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: DR  
Name: ARMANI, ANDREW G  
Address: 3835 W NAVY BLVD  
City-St-Zip: PENSACOLA, FL 32507 US

Title: DR  
Name: ARMANI, MEGAN H  
Address: 3835 W NAVY BLVD  
City-St-Zip: PENSACOLA, FL 32507 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: MEGAN ARMANI

DR

04/14/2011

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

\_\_\_\_\_  
Date