2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P97000102450

Entity Name: VETERINARIAN MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

278 TROPIC DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

278 TROPIC DRIVE
LAUDERDALE-BY-THE-SEA, FL 33334

New Mailing Address:

FEI Number: 65-0796122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUZZETTI, ROBERT C
278 TROPIC DRIVE
LAUDERDALE-BY-THE-SEA, FL 33334 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BUZZETTI, ROBERT C
Address: 278 TROPIC DRIVE
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308

Title: VP ( ) Delete
Name: FUSSNER, ANGELA
Address: 1574 EAST COMMERCIAL BLVD.
City-St-Zip: FT LAUDERDALE, FL 33334

Title: VP ( ) Delete
Name: BUZZETTI, LINDA
Address: 4711 NE 25 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: BUZZETTI, GINA
Address: 278 TROPIC
City-St-Zip: LAUDERDALE BY THE SEA, FL

Title: B ( ) Delete
Name: BUZZETTI, MIKE
Address: 4711 NE 25 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete
Name: BUZZETTI, ERIN
Address: 4711 NE 25 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DUNCAN, KELLY
Address: 1574 EAST COMMERCIAL BLVD.
City-St-Zip: FT LAUDERDALE, FL 33334

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT BUZZETTI PRES 05/06/2009

Electronic Signature of Signing Officer or Director — Date