

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000842

FILED  
Aug 02, 2007  
Secretary of State

Entity Name: RELIEF VETERINARY SERVICES P.A.

## Current Principal Place of Business:

ALL CREATURES PET HOSPITAL  
93997 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

## New Principal Place of Business:

ALL CREATURES PET HOSPITAL  
93997 OVERSEAS HWY  
TAVERNIER, FL 33070

## Current Mailing Address:

ALL CREATURES PET HOSPITAL  
93997 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

## New Mailing Address:

ALL CREATURES PET HOSPITAL  
PO BOX 9285  
TAVERNIER, FL 33070

FEI Number: 54-1816184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

L'HEUREUX, LAURA DVM  
ALL CREATURES PET HOSPITAL  
93997 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

L'HEUREUX, LAURA DVM  
238 TREASURE HARBOR DR  
ISLAMORADA, FL 33036 US

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: LAURA L'HEUREUX

08/02/2007

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: DPST ( ) Delete  
Name: L'HEUREUX, LAURA  
Address: 93997 OVERSEAS HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: L'HEUREUX, LAURA  
Address: PO BOX 9285  
City-St-Zip: TAVERNIER, FL 33070

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: LAURA L'HEUREUX

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date