2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# S53154

Entity Name: ALLIED VETERINARIAN EMERGENCY SERVICES, INC.

Current Principal Place of Business:

2324 CENTERVILLE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

C/O RANDY S. FULLERTON, DVM
2701 NORTH MONROE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3105041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, FRANK S III
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: FULLERTON, RANDY
Address: 2701 NORTH MONROE
City-St-Zip: TALLAHASSEE, FL

Title: P ( ) Delete
Name: SIMMONS, GEORGE
Address: 2701 NORTH MONORE
City-St-Zip: TALLAHASSEE, FL

Title: T ( ) Delete
Name: BILLINGS, CHARLES
Address: 3512 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: STEVERSON, ALEX M
Address: 6714 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: BEVIS, TOM
Address: 1130 MARCH RD
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: GEORGE W SIMMONS P 03/19/2009

Electronic Signature of Signing Officer or Director — Date