



FILED
Apr 07, 2008 08:00 A
Secretary of State

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| DOCUMENT # S81031 | |  | |
| 1. Entity Name CENTRAL VETERINARIAN EMERGENCY HOSPITAL, INC. | | | |
| Principal Place of Business 1546 SAN MARCO BLVD JACKSONVILLE, FL | | Mailing Address 1166 LANE AVE S JACKSONVILLE, FL 32205 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 03122008 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 59-3091110 | |
| | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AUSHERMAN, ROBERT W 1166 LANE AVENUE S. JACKSONVILLE, FL 32205 | | DO NOT WRITE IN THIS SPACE | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE 000000884992 04/17/08-80066-004 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ATHEY, CHARLES W. 5844 FT. CAROLINE ROAD JACKSONVILLE, FL 32211 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUSHERMAN, ROBERT W. 1166 LANE AVENUE SOUTH JACKSONVILLE, FL 32205 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINRICHS, WARREN L. 1430 STATE ROAD 13 N JACKSONVILLE, FL 32259 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | ROBERT W. AUSHERMAN 3/13/08 (904) 781-4891 | |