2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81031

FILED Apr 28, 2009 Secretary of State

Entity Name: CENTRAL VETERINARIAN EMERGENCY HOSPITAL, INC.

Current Principal Place of Business: 1546 SAN MARCO BLVD JACKSONVILLE, FL		New Principal Place of Business: New Mailing Address:		
Current Mailing Address:				
	IVILLE, FL 322	205		
FEI Number	: 59-3091110	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
1166 LANI	MAN, ROBERT E AVENUE S. IVILLE, FL 322			
		submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the State	e of Florida.			
	RE:	nic Signature of Registered Aç	gent	 Date
SIGNATUI	RE: Electror	nic Signature of Registered Ac g Trust Fund Contribution().	gent	Date
SIGNATUI	RE: Electror	g Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS:
SIGNATUI	RE: Electron mpaign Financin S AND DIREC	g Trust Fund Contribution (). TORS: Delete LES W. DLINE ROAD		
SIGNATUI Election Car OFFICER Title: Name: Address:	RE: Electror mpaign Financin S AND DIREC D (ATHEY, CHARL 5844 FT. CARC JACKSONVILL	g Trust Fund Contribution (). TORS:) Delete LES W. DLINE ROAD E, FL 32211) Delete ROBERT W. ENUE SOUTH	ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:

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 W. AUSHERMAN D 04/28/2009