

1.) CORPORATION NAME:

HIGHLANDS VETERINARY CENTER, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

WAYNE T SPRINGER

1615 VOLVO PKWY

CHESAPEAKE, VA 23320

SCC ID NO: **05132485**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1615 VOLVO PKWY

CITY/ST/ZIP: CHESAPEAKE, VA 23320-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WAYNE T SPRINGER
TITLE: P/D
ADDRESS: 600 PEACEFUL ROAD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-

OFFICER

DIRECTOR

NAME: SHARON E SPRINGER
TITLE: VICE PRESIDENT
ADDRESS: 600 PEACEFUL ROAD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-

OFFICER

DIRECTOR

NAME: WAYNE T SPRINGER
TITLE: TREASURER
ADDRESS: 600 PEACEFUL RD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-

OFFICER

DIRECTOR

NAME: SAMUEL W SPRINGER
TITLE: SECRETARY
ADDRESS: 1233 PACELS WAY
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WAYNE T SPRINGER

WAYNE T SPRINGER, P/D

12/7/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.