

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93635

Entity Name: MCKELVIE,KROLL,MELLOH,MONTE,ZIEMBA AND ASSOCIATES
D.V.M. P.A.**FILED**
Jan 10, 2015
Secretary of State
CC4279707667**Current Principal Place of Business:**920 COUNTRY CLUB BOULEVARD
CAPE CORAL, FL 33990**Current Mailing Address:**920 COUNTRY CLUB BOULEVARD
CAPE CORAL, FL 33990**FEI Number: 59-2626021****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCKELVIE, MILTON J., D.V.M.
920 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33990 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MCKELVIE, MILTON J.
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL

Title	VP
Name	NELSON, GARY
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL

Title	VP
Name	GOTE', LISA
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL 33990

Title	VP
Name	KROLL, WILLIAM
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL

Title	S
Name	MELLOH, CHRIS
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL

Title	DVM
Name	ZIEMBA, CINDY
Address	920 COUNTRY CLUB BLVD
City-State-Zip:	CAPE CORAL FL 33990

I hereby 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 all other like empowered.

SIGNATURE: MILTON MCKELVIE**DVM****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date