


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 06, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 604876</b> 1. Entity Name <b>ANIMAL EMERGENCY CLINIC OF ST. PETERSBURG, P.A.</b>	
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Principal Place of Business <b>3165 22ND AVE NORTH ST PETERSBURG, FL 33713</b>	Mailing Address <b>7000 CENTRAL AVE ST PETERSBURG, FL 33707-1213</b>
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05302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1524294</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FEW, ALBERT B 3258 5TH AVE S ST. PETERSBURG, FL 33712</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, FRANK M II 7000 CENTRAL AVE ST PETERSBURG, FL 337071213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, ERNEST C. J 8490 49TH ST.N. PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEHRMANN, STEVE 3845 TYRONE BLVD SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTON, RICHARD 3251 62ND AVE N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/06/05-80004-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank Mills II 6-1-05 (27) 381-3739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #