

ANNUAL REPORT**DOCUMENT # 604876**1. Entity Name
**ANIMAL EMERGENCY CLINIC OF ST. PETERSBURG,
P.A.**Principal Place of Business
**3165 22ND AVE NORTH
ST PETERSBURG, FL 33713**Mailing Address
**7000 CENTRAL AVE
ST PETERSBURG, FL 33707-1213****FILED**
May 01, 2006 08:00 AM
Secretary of State

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-1524294Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****FEW, ALBERT B
3258 5TH AVE S
ST. PETERSBURG, FL 33712****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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****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 - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPU00000552320
05/15/06-80006-023 150.00**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 (727)381-3388