

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604876

FILED
Apr 19, 2007
Secretary of State

Entity Name: ANIMAL EMERGENCY CLINIC OF ST. PETERSBURG, P.A.

Current Principal Place of Business:

3165 22ND AVE NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

7000 CENTRAL AVE
ST PETERSBURG, FL 337071213

New Mailing Address:

FEI Number: 59-1524294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEW, ALBERT B
3258 5TH AVE S
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MILLS, FRANK M II
Address: 7000 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 337071213

Title: D () Delete
Name: GODFREY, ERNEST C. J
Address: 8490 49TH ST.N.
City-St-Zip: PINELLAS PARK, FL

Title: PD () Delete
Name: WEHRMANN, STEVE
Address: 3845 TYRONE BLVD
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S () Delete
Name: GOLDSTON, RICHARD
Address: 3251 62ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK MILLS II

Electronic Signature of Signing Officer or Director

TREA

04/19/2007

Date