

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 604876

**FILED**  
**Mar 21, 2011**  
**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:**

2540 30TH AVE N  
ST PETERSBURG, FL 33713

**New Mailing Address:**

7791 52 ST  
PINELLAS PARK, FL 33781

**FEI Number:** 59-1524294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAINES, RAYMOND C PRES  
3451 TYRONE BLVD N  
ST. PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

GODFREY, ERNEST C  
7791 52 ST  
PINELLAS PARK, FL 33781 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: ERNEST GODFREY

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: GODFREY, ERNEST C  
Address: 7791 52 ST  
City-St-Zip: PINELAS PARK, FL 33781

Title: S, D  
Name: GOLDSTON, RICHARD  
Address: 3720 54 AVE N  
City-St-Zip: ST. PETERSBURG, FL 33714

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: ERNEST GODFREY

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date