
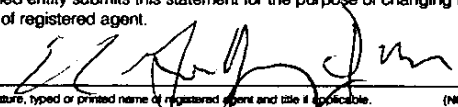
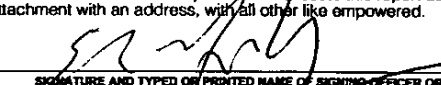


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 026 \*\*\*\*61.25

<b>DOCUMENT # 710108</b>			
1. Entity Name <b>PINELLAS COUNTY VETERINARY MEDICAL SOCIETY, INC.</b>		Principal Place of Business <b>10900 SEMINOLE BLVD. LARGO, FL 33778</b>	
Mailing Address <b>1969 SUNSET POINT RD. SUITE 8 CLEARWATER, FL 33765</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>62-1571010</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>MALNATI, GEORGE DR</del> <b>Godfrey, Ernest</b> <b>7791 52nd St</b> <b>Pinellas Park, FL</b> <b>33781</b>		Name <b>DR. ERNEST GODFREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>PINELLAS ANIMAL HOSPITAL</b> <b>7791 52nd STREET N</b> City <b>PINELLAS PARK</b> FL <b>33781</b>	
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 		DATE <b>3-2-07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEMORE, DR. JOHN 8100 4TH ST. N. SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dr Dawn Daniels</b> <b>12120 Seminole Blvd</b> <b>Largo, FL 33778</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete B T GODFREY, ERNEST DR <del>8400 40TH ST N</del> <b>7741 52 ST</b> PINELLAS PARK, FL 33781	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D GUEDRON, MICHAEL DR 3695 50TH AVE S SAINT PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T MALNATI, GEORGE DR. 1969 SUNSET POINT RD. STE. 8 CLEARWATER, FL 33765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S BRAUER, KRISTEN DR 204 37TH AVE N #231 SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SCRIBANO, DR. MARK 1401 4TH ST. N. SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		Date <b>3-2-07</b> Daytime Phone # <b>727-546-0005</b>	

40053801



02182007 Chg-NP CR2E037 (12/06)