

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710108

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** PINELLAS COUNTY VETERINARY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

10900 SEMINOLE BLVD.  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

7791 52 ST  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 62-1571010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GODFREY, ERNEST  
7791 52ND STREET N  
PINELLAS PARK, FL 33781 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SPIKER, DOUG DR  
Address: 320 INDIAN ROCKS RD  
City-St-Zip: LARGO, FL 33770

Title: T  
Name: GODFREY, ERNEST DR  
Address: 7741 52ND ST  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D  
Name: ELDRIDGE, MIKE  
Address: 2540 30 AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D  
Name: SCRIBANO, DR. MARK  
Address: 1401 4TH ST. N.  
City-St-Zip: SAINT PETERSBURG, FL 33704

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERNEST GODFREY

T

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date