2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# 762970

Entity Name: COLLIER COUNTY VETERINARY SOCIETY, INC.

Current Principal Place of Business:

C/O GULFSHORE ANIMAL HOSPITAL
3560 TAMIAMI TRAIL N
NAPLES, FL 34103 US

New Principal Place of Business:

C/O ALL CREATURES ANIMAL HOSPITAL
11212 TAMIAMI TRAIL
NAPLES, FL 34110 US

Current Mailing Address:

11212 TAMIAMI TRAIL
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2327319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLADAY, LYNN DVM
11212 TAMIAMI TRAIL
NAPLES, FL 34110 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 ( ) Delete
Name: HOLLADAY, LYNN
Address: 11212 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete
Name: EISEL, RANDY
Address: 2171 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: LYNN HOLLADAY PRES 01/31/2007

Electronic Signature of Signing Officer or Director — Date