

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762970

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** COLLIER COUNTY VETERINARY SOCIETY, INC.

**Current Principal Place of Business:**

C/O ANIMALIFE  
2171 PINE RIDGE RD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1464  
NAPLES, FL 34106

**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:**

EISEL, RANDY DVM  
2171 PINE RIDGE RD  
NAPLES, FL 34109 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: CARVER, DEIRDRE  
Address: PO BOX 1464  
City-St-Zip: NAPLES, FL 34106

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

Title: SEC  
Name: GOTHARD, SHELLEY  
Address: PO BOX 1464  
City-St-Zip: NAPLES, FL 34106

Title: TREA  
Name: BAKER, DENA D  
Address: PO BOX 1464  
City-St-Zip: NAPLES, FL 34106

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: DENA BAKER, DVM

TREA

01/04/2011

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

\_\_\_\_\_  
Date