

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93635

FILED
Mar 28, 2009
Secretary of State

Entity Name: MCKELVIE, GALE, KROLL, MELLOH, GOTE' AND ASSOCIATES D.V.M. P.A.

Current Principal Place of Business:

920 COUNTRY CLUB BOULEVARD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

920 COUNTRY CLUB BOULEVARD
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 59-2626021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKELVIE, MILTON J., D.V.M.
920 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKELVIE, MILTON J.,
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL

Title: T () Delete
Name: GALE, ANDREW J III
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL

Title: VP () Delete
Name: KROLL, WILLIAM
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL

Title: VP () Delete
Name: NELSON, GARY
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL

Title: S () Delete
Name: MELLOH, CHRIS
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL

Title: VP () Delete
Name: GOTE', LISA
Address: 920 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MILTON J MCKELVIE

Electronic Signature of Signing Officer or Director

DVM

03/28/2009

Date