

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05695

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ACADEMY OF VETERINARY MEDICINE, INC.

**Current Principal Place of Business:**

C/O ERNEST C. GODFREY  
7791 52 ST  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST C. GODFREY  
7791 52 ST  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 59-2920890      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GODFREY, ERNEST C DVM  
7791 52 ST  
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: D  
Name: GODFREY, ERNEST C., JR.  
Address: 10770 NINA ST.  
City-St-Zip: LARGO, FL 33778

Title: D  
Name: GOLDSTON, RICHARD T.  
Address: 3295 62 AVE. NO.  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D  
Name: BELLHORN, TED L.  
Address: 1715 ALEX AVWE  
City-St-Zip: AUBURN, AL 36830

Title: D  
Name: ACKERMAN, CLIFTON W.  
Address: 13345 KIRBY SMITH RD.  
City-St-Zip: ORLANDO, FL 34744

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

SIGNATURE: ERNEST GODFREY

D

03/21/2011

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

\_\_\_\_\_ Date